

This notice is provided pursuant to State Government Article, §10-624, Maryland Code Annotated. The personal information requested on this form is intended to be used in processing you application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and is subject to the Maryland Public Information Act. This form may be available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two page | form. Both pages must be completed and returned | d. Operator Certification Nun | nber: 0051 |
|-----------------------------------|--|--|--|
| | ou're current address on the lines below and, if necessary | Certification(s) sheary, below will expire | 6/1/2012/1 |
| correct the Cit | y, state and ZIP Code. Please print legibly. | The fee to renew the certification | \$100 |
| | | requirements by th result in an add | e or submit renewal e expiration date will itional late fees as in Section V. |
| I. CERTIFICATES TO | RENEW: | | Training Units |
| Certification Type | Category | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | 4 | 24 |
| OPERATOR | WATER TREATMENT | 4 | 30 |
| II. CURRENT EMPLOYM | ENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilities (or Plants) | that you currently operate: | I am employed by t | he Facility owner |
| I am currently not operating any | Facility | I provide contractual service | ces to the Facility |
| Please provide the following info | ormation about each Facility/Plant that you operate. | Use addtional pages as needed. | |
| Facility / Plant Name | | Class PDWIS (Water) NPDI | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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| This is page one | of a two page form. Bot | h pages must be completed and return | ed. Ope | rator Certification Nu | umber: 0226 |
|---------------------|-----------------------------|---|---------------|--------------------------------|--|
| | HARD ABBOTT, JR | | | Certification(s) s | |
| | • | at address on the lines below and, if neces | sary, | below will exp | ire on: 0/1/2024 |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to renew certification | X 1 1 1 1 1 1 |
| | | | | requirements by t | ete or submit renewal the expiration date will Iditional late fees as d in Section V. |
| I. CERTIFICA | ATES TO RENEW | <u>:</u> | | | Training Units |
| Certification Ty | rpe | Category | | Class | Required |
| OPERATOR | | WATER TREATMENT | | 3 | 30 |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | | WASTEWATER TREATMENT | | Α | 16 |
| SUPERINTENDEN | IT | WATER TREATMENT | | 3 | 7 |
| SUPERINTENDEN | IT | WASTEWATER TREATMENT | | 5 | 7 |
| SUPERINTENDEN | IT | WASTEWATER TREATMENT | | Α | 7 |
| II. CURRENT I | EMPLOYMENT INF | ORMATION | | | |
| Employer's Name: | | | | Phone #: | |
| Number of Faciliti | es (or Plants) that you cu | rrently operate: | | I am employed by | y the Facility owner |
| I am currently not | operating any Facility | | I pro | ovide contractual ser | vices to the Facility |
| Please provide the | following information a | bout each Facility/Plant that you operate | . Use addtion | nal pages as needed. | |
| Facility / Plant Na | me | | Class PI | OWIS (Water) NPI | DES (Wastewater) |
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| | | (OVER) | | | |



III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

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| This is page or | e of a two page form. Both pages must be completed and return | ned. Operator Certification Num | nber: 0280 |
|--------------------|---|---|--|
| YANJIN LIU | Please enter you're current address on the lines below and, if nece | Certification(s) she essary, below will expire | |
| | correct the City, state and ZIP Code. Please print legibly. | The fee to renew the certification | X100 |
| | | requirements by th result in an add | e or submit renewal e expiration date will itional late fees as in Section V. |
| I. CERTIFIC | CATES TO RENEW: | | Training Units |
| Certification | Type Category | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | А | 16 |
| SUPERINTEND | ENT WASTEWATER TREATMENT | 5 | 7 |
| SUPERINTEND | ENT WASTEWATER TREATMENT | А | 7 |
| II. CURRENT | FEMPLOYMENT INFORMATION | | |
| Employer's Nan | ne: | Phone #: | |
| Number of Facil | lities (or Plants) that you currently operate: | I am employed by t | he Facility owner |
| I am currently n | ot operating any Facility | I provide contractual servi | ces to the Facility |
| Please provide i | he following information about each Facility/Plant that you operat | te. Use addtional pages as needed. | |
| Facility / Plant N | Name | Class PDWIS (Water) NPDI | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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|---------------------------------|----|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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| This is page one | of a two page form. Both pages must be completed and re- | turned. Op | perator Certification Nu | umber: 0334 |
|---------------------|--|-------------------|--------------------------------------|--|
| | Please enter you're current address on the lines below and, if r | necessary, | Certification(s) s below will exp | 6/1//11// |
| • | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will Iditional late fees as d in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | - described | Training Units |
| Certification Ty | ype Category | | Class | Required |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | : | | Phone #: | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not | operating any Facility | I p | rovide contractual serv | vices to the Facility |
| Please provide the | e following information about each Facility/Plant that you ope | erate. Use addtio | onal pages as needed. | _ |
| Facility / Plant Na | nme | Class I | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number | of |
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| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| This is page one | of a two page form. Both pages must be completed and returned. | . Opera | ntor Certification | n Number: | 0512 |
|---------------------|---|--------------|-----------------------------|------------------------|--|
| | Please enter you're current address on the lines below and, if necessar | ry, | Certification below will | | 6/1/2024 |
| (| correct the City, state and ZIP Code. Please print legibly. | | The fee to recent | new these tifications: | \$50 |
| | | | requirements result in a | by the exp | submit renewal piration date will al late fees as ection V. |
| I. CERTIFICA | ATES TO RENEW: | | | Т | raining Units |
| Certification Ty | pe Category | | Class | R | equired |
| OPERATOR | INDUSTRIAL WASTEWATER | | 2 | 0 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone # | <u>+</u> : | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employe | ed by the F | acility owner |
| I am currently not | operating any Facility | I prov | ide contractual | services to | the Facility |
| Please provide the | following information about each Facility/Plant that you operate. U | Jse addtiona | l pages as need | ded. | _ |
| Facility / Plant Na | me C | Class PDV | WIS (Water) | NPDES (V | Wastewater) |
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| This is page one | of a two page form. Both pages must be completed and returned. | Operator Cert | ifcation Number | : 0533 |
|---------------------|--|--------------------|---------------------------------------|----------------|
| | Please enter you're current address on the lines below and, if necessary | | ication(s) shown w will expire on: | |
| (| correct the City, state and ZIP Code. Please print legibly. | The fe | ee to renew these certifications: | 450 |
| | | require | | |
| I. CERTIFICA | ATES TO RENEW: | | | Fraining Units |
| Certification Ty | ype Category | CI | lass F | Required |
| OPERATOR | WATER TREATMENT | 4 | 3 | 30 |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | P | hone #: | |
| Number of Faciliti | ies (or Plants) that you currently operate: | I am er | mployed by the F | acility owner |
| I am currently not | operating any Facility | I provide contr | ractual services t | o the Facility |
| Please provide the | e following information about each Facility/Plant that you operate. Us | se addtional pages | as needed. | |
| Facility / Plant Na | me C | class PDWIS (Wa | ater) NPDES (| Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
|--|
| 1 Consent to receive my certificate(s) by emilia in tieu of mail |



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Please verify your information shown on this application and make any corrections as needed.

| This is page or | e of a two page form. Both pages must be con | pleted and returned. | Operator Certification Num | ıber: 0773 |
|--------------------|--|------------------------------|---|---|
| DONNELL T | Please enter you're current address on the lines | | Certification(s) sho below will expire | 6/1//11// |
| | correct the City, state and ZIP Code. Please pri | nt legibly. | The fee to renew th certificati | X50 |
| | | | — requirements by the result in an addi | e or submit renewal e expiration date will tional late fees as in Section V. |
| | CATES TO RENEW: | | | Training Units |
| Certification | Type Category | | Class | Required |
| OPERATOR | WASTEWATER TR | EATMENT | 5 | 30 |
| II. CURREN | FEMPLOYMENT INFORMATION | | | |
| Employer's Nan | ne: | | Phone #: | |
| Number of Facil | ities (or Plants) that you currently operate: | | I am employed by the | ne Facility owner |
| I am currently n | ot operating any Facility | • | I provide contractual service | es to the Facility |
| Please provide i | he following information about each Facility/Pla | ant that you operate. Use ad | dtional pages as needed. | _ |
| Facility / Plant N | Name | Class | PDWIS (Water) NPDE | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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|---|------------------------------------|--------------------------------|---|
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| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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| This is page one | of a two page form. Both pages mus | be completed and returned. | Operator Certification N | umber: 0812 |
|---------------------|---|--------------------------------------|---------------------------------|---|
| DE'L D. BANN | STER Please enter you're current address on | he lines below and, if necessary, | Certification(s) below will exp | 6/1//11// |
| | correct the City, state and ZIP Code. P | lease print legibly. | The fee to renew certific | X 5 () |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| TEMPORARY | WASTEWA | TER TREATMENT | А | 24 |
| II. CURRENT | EMPLOYMENT INFORMATIO | N | | |
| Employer's Name | | | Phone #: | |
| Number of Facilit | ies (or Plants) that you currently operate | e: | I am employed b | y the Facility owner |
| I am currently not | operating any Facility | | I provide contractual ser | vices to the Facility |
| Please provide th | e following information about each Fa | cility/Plant that you operate. Use a | addtional pages as needed. | _ |
| Facility / Plant Na | me | Clas | s PDWIS (Water) NP | DES (Wastewater) |
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Page 2

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 Name and Certification Number of Operator in Responsible Charge:

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | of a two page form. Both pages must be completed and returned | l. Ope | erator Certifcation Nu | mber: 0813 |
|-----------------------|---|------------|--|--|
| | Please enter you're current address on the lines below and, if necessar | ry, | Certification(s) so below will expi | |
| c | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 950 |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units |
| Certification Ty | pe Category | | Class | Required |
| OPERATOR | WATER TREATMENT | | 4 | 30 |
| II. CURRENT B | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not of | operating any Facility | I pr | ovide contractual serv | vices to the Facility |
| Please provide the | following information about each Facility/Plant that you operate. U | Use addtio | nal pages as needed. | |
| Facility / Plant Nar | me (| Class P | DWIS (Water) NPI | DES (Wastewater) |
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Page 2

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
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Please verify your information shown on this application and make any corrections as needed.

| This is page on | e of a two page form. Both pages m | ust be completed and returned. | Oper | ator Certifcation | on Number: | 0819 |
|----------------------------|--|------------------------------------|------------|-----------------------------|-----------------------------|--|
| ROBERT F. H | Please enter you're current address o | • | ry, | Certification below wil | n(s) shown ll expire on: | 6/1/2024 |
| | correct the City, state and ZIP Code. | Please print legibly. | | The fee to re | renew these | \$100 |
| | | | | requirements result in a | s by the exp | submit renewal piration date will al late fees as action V. |
| | CATES TO RENEW: | | | | | raining Units |
| Certification ⁷ | Type Categoi | Ϋ́ | | Class | R | equired |
| OPERATOR | WATER | TREATMENT | | 2 | 1 | 6 |
| OPERATOR | WASTEV | VATER TREATMENT | | 5 | 3 | 0 |
| OPERATOR | WASTEV | VATER TREATMENT | | Α | 1 | 6 |
| II. CURRENT | EMPLOYMENT INFORMAT | ION | | | | |
| Employer's Nam | e: | | | Phone | #: | |
| Number of Facil | ities (or Plants) that you currently ope | rate: | | I am employ | ed by the Fa | acility owner |
| I am currently no | ot operating any Facility | <u>—</u> | I pro | vide contractua | al services to | the Facility |
| Please provide t | he following information about each l | Facility/Plant that you operate. U | se addtion | al pages as nee | eded. | |
| Facility / Plant N | Jame | C | Class PD | OWIS (Water) | NPDES (V | Vastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one of a two | o page form. Both pages must be completed and returne | ed. Operator Certification Numbe | r: 0898 |
|------------------------------|--|---|--|
| | enter you're current address on the lines below and, if necess | Certification(s) shows below will expire or | 6/1//11// |
| correct | the City, state and ZIP Code. Please print legibly. | The fee to renew these certifications | 450 |
| | | Failure to complete o requirements by the ex result in an addition described in S | xpiration date will onal late fees as |
| I. CERTIFICATES | TO RENEW: | | Training Units |
| Certification Type | Category | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | Α | 16 |
| II. CURRENT EMPL | OYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilities (or P | Plants) that you currently operate: | I am employed by the | Facility owner |
| I am currently not operation | ng any Facility | I provide contractual services | to the Facility |
| Please provide the follows | ing information about each Facility/Plant that you operate. | . Use addtional pages as needed. | _ |
| Facility / Plant Name | | Class PDWIS (Water) NPDES | (Wastewater) |
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two page | form. Both pages must be completed and return | i ed. Op | perator Certification N | umber: 0899 | | |
|---|--|-----------------|--|-----------------------|----------|--|
| GEORGE HARVEY SMITH | | | Certification(s) | | : | |
| | ou're current address on the lines below and, if neces y, state and ZIP Code. Please print legibly. | ssary, | below will exp | orre on: | | |
| correct tile city, state and 211 code. I lease print regiory. | | | The fee to renew certific | VIIII | | |
| | | | Failure to complete or submit ren requirements by the expiration day result in an additional late fees described in Section V. | | ate will | |
| I. CERTIFICATES TO RENEW: | | | | Training Unit | ts | |
| Certification Type | Category | | Class | Required | | |
| SUPERINTENDENT | WASTEWATER TREATMENT | | Α | 7 | | |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 2 | 7 | | |
| SUPERINTENDENT | WASTEWATER TREATMENT | | S | У | | |
| SUPERINTENDENT | WATER TREATMENT | | 3 | 7 | | |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 5 | 7 | | |
| SUPERINTENDENT | WATER TREATMENT | | 4 | 7 | | |
| SUPERINTENDENT | WASTEWATER TREATMENT | | 4 | 7 | | |
| II. CURRENT EMPLOYM | ENT INFORMATION | | | | | |
| Employer's Name: | | | Phone #: | | | |
| Number of Facilities (or Plants) t | that you currently operate: | | I am employed by | y the Facility owner | | |
| I am currently not operating any | Facility | I p | rovide contractual ser | vices to the Facility | | |
| Please provide the following info | ormation about each Facility/Plant that you operate | e. Use addtio | onal pages as needed. | | | |
| Facility / Plant Name | | Class I | PDWIS (Water) NPI | DES (Wastewater) | | |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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 Name and Certification Number of Operator in Responsible Charge:

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both p | ages must be completed and retu | rned. | Operator Certification | Number: | 10045 |
|----------------------|--------------------------------|--------------------------------------|---------------|------------------------------|---------------------|--|
| | Please enter you're current ac | ddress on the lines below and, if ne | cessary, | Certification(s below will e | * | 6/1/2024 |
| C | correct the City, state and ZI | P Code. Please print legibly. | | The fee to ren certi | ew these fications: | \$50 |
| | | | | requirements b | y the exp | submit renewal iration date will all late fees as ction V. |
| I. CERTIFICA | ATES TO RENEW: | | | | | aining Units |
| Certification Ty | rpe C | ategory | | Class | | equired |
| OPERATOR | V | ASTEWATER COLLECTION | | 2 | 16 | 5 |
| II. CURRENT I | EMPLOYMENT INFO | RMATION | | | | |
| Employer's Name: | | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you curren | ntly operate: | | I am employed | d by the Fa | cility owner |
| I am currently not | operating any Facility | | I | provide contractual s | services to | the Facility |
| Please provide the | following information abou | t each Facility/Plant that you oper | ate. Use addi | tional pages as need | ed. | |
| Facility / Plant Nar | me | | Class | PDWIS (Water) N | NPDES (W | astewater) |
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III. CONTINUING EDUCATION:

Page 2

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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page on | e of a two page form. Both pages must be completed and return | ned. Op | erator Certification Nu | mber: 10144 |
|--------------------|--|----------------|---|--|
| ANDRE' H CC | Please enter you're current address on the lines below and, if necessity | essary, | Certification(s) shown below will expire on: 6/1/20 | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | 450 |
| | | | requirements by the result in an add | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| | CATES TO RENEW: | | | Training Units |
| Certification 7 | Type Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | А | 16 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | e: | | Phone #: | |
| Number of Facili | ities (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently no | ot operating any Facility | I pr | ovide contractual serv | ices to the Facility |
| Please provide th | he following information about each Facility/Plant that you opera | te. Use addtio | nal pages as needed. | |
| Facility / Plant N | Jame | Class P | PDWIS (Water) NPD | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | a two page form. Both pages must be complet | ed and returned. | Operator Certifcati | ion Number: 10193 |
|-----------------------|--|-------------------------|-----------------------|--|
| | ase enter you're current address on the lines belo | • | | on(s) shown Il expire on: 6/1/2024 |
| col | rect the City, state and ZIP Code. Please print le | gibly. | | renew these striffications: \$100 |
| | | | requirement result in | complete or submit renewal ts by the expiration date will an additional late fees as cribed in Section V. |
| | <u>ΓES TO RENEW:</u> | | | Training Units |
| Certification Typ | e Category | | Class | Required |
| SUPERINTENDENT | WATER TREATMENT | | 3 | 7 |
| SUPERINTENDENT | WATER TREATMENT | | 4 | 7 |
| SUPERINTENDENT | WASTEWATER TREAT | MENT | 3 | 7 |
| II. CURRENT EN | IPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone | #: |
| Number of Facilities | (or Plants) that you currently operate: | | I am employ | yed by the Facility owner |
| I am currently not op | erating any Facility | | I provide contractua | al services to the Facility |
| Please provide the fo | llowing information about each Facility/Plant th | at you operate. Use add | dtional pages as ne | eded. |
| Facility / Plant Name | | Class | PDWIS (Water) | NPDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one of a two p | age form. Both pages must be completed and return | ed. Operator Co | ertifcation Nur | mber: 10337 |
|--------------------------------|--|-----------------------|---------------------------------|---|
| | er you're current address on the lines below and, if neces | | tification(s) shelow will expir | 6/1//11// |
| correct the | City, state and ZIP Code. Please print legibly. | The | fee to renew the certificat | 350 |
| | | requi | rements by the sult in an add | te or submit renewal ne expiration date will litional late fees as in Section V. |
| I. CERTIFICATES T | O RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| SUPERINTENDENT | WATER TREATMENT | | 3 | 7 |
| SUPERINTENDENT | WATER TREATMENT | | 5RO | 7 |
| II. CURRENT EMPLOY | YMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plan | nts) that you currently operate: | I am | employed by | the Facility owner |
| I am currently not operating a | any Facility | I provide co | ntractual servi | ces to the Facility |
| Please provide the following | information about each Facility/Plant that you operate | e. Use addtional page | es as needed. | _ |
| Facility / Plant Name | | Class PDWIS (| Water) NPD | ES (Wastewater) |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | of a two page form. Both pages must be completed and returned. | Operator Certification Nu | mber: 10468 |
|-------------------------|---|---|--|
| | Please enter you're current address on the lines below and, if necessary, | Certification(s) sl below will expir | 6/1//11// |
| С | correct the City, state and ZIP Code. Please print legibly. | The fee to renew certifica | 650 |
| | | requirements by the result in an add | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | Training Units |
| Certification Ty | pe Category | Class | Required |
| OPERATOR | WATER TREATMENT | 4 | 30 |
| II. CURRENT E | EMPLOYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | I am employed by | the Facility owner |
| I am currently not of | operating any Facility | I provide contractual serv | ices to the Facility |
| Please provide the | following information about each Facility/Plant that you operate. Use | addtional pages as needed. | |
| Facility / Plant Nar | me Clas | ss PDWIS (Water) NPD | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- · Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.
 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages mus | t be completed and returned. | Operator C | Certification | Number: | 10506 |
|---|---|------------------------------------|---------------|---------------------------|---------------------|---|
| | Please enter you're current address on | • | | rtification(s | / | 6/1/2024 |
| correct the City, state and ZIP Code. Please print legibly. | | Please print legibly. | Th | e fee to rend certif | ew these fications: | \$50 |
| | | | requ | irements b esult in an | y the exp | submit renewal iration date will al late fees as ction V. |
| I. CERTIFICA | ATES TO RENEW: | | | | | raining Units |
| Certification Ty | pe Category | | | Class | | equired |
| OPERATOR | WASTEWA | ATER COLLECTION | | 2 | 16 | 5 |
| II. CURRENT I | EMPLOYMENT INFORMATION | ON | | | | |
| Employer's Name: | | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently opera | te: | I ar | n employed | l by the Fa | cility owner |
| I am currently not | operating any Facility | | I provide c | ontractual s | services to | the Facility |
| Please provide the | following information about each Fa | cility/Plant that you operate. Use | addtional pag | es as neede | ed. | |
| Facility / Plant Nar | ne | Cla | ss PDWIS | (Water) N | NPDES (W | Vastewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Operators In Training must work under the direction of an Operator in Responsible Charge.
 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be o | completed and returned. | Operator Certification N | umber: 10512 |
|---------------------|---|--------------------------------|--------------------------------------|--|
| | Please enter you're current address on the li | • | Certification(s) s below will exp | 6/1//11// |
| | correct the City, state and ZIP Code. Please | print legibly. | The fee to renew certific | X50 |
| | | | requirements by result in an ac | ete or submit renewal the expiration date will Iditional late fees as d in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | pe Category | | Class | Required |
| TEMPORARY | WATER TREATI | MENT | 4 | 45 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | | | Phone #: | |
| Number of Facilit | es (or Plants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not | operating any Facility | | I provide contractual ser | vices to the Facility |
| Please provide the | following information about each Facility, | Plant that you operate. Use ac | ldtional pages as needed. | _ |
| Facility / Plant Na | me | Class | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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| 1 Consent to receive my certificate(s) by emilia in tieu of mail |



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Please verify your information shown on this application and make any corrections as needed.

| This is page on | ne of a two page form. Both pages must be completed and return | rned. Op | erator Certification Nu | mber: 10514 |
|----------------------------|--|-----------------|---|---|
| TIERRA JOH | Please enter you're current address on the lines below and, if nec | cessary, | Certification(s) sh below will expir | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 |
| | | | requirements by the result in an add | te or submit renewal ne expiration date will ditional late fees as in Section V. |
| | CATES TO RENEW: | | | Training Units |
| Certification ⁷ | Type Category | | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | | А | 24 |
| II. CURRENT | FEMPLOYMENT INFORMATION | | | |
| Employer's Nam | ne: | | Phone #: | |
| Number of Facil | lities (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently no | ot operating any Facility | I pı | ovide contractual serv | ices to the Facility |
| Please provide t | he following information about each Facility/Plant that you opera | ate. Use addtio | onal pages as needed. | |
| Facility / Plant N | Name | Class F | PDWIS (Water) NPD | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

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| This is page one of a two | page form. Both pages must be completed and returned | d. Op | erator Certification N | umber: 10877 |
|------------------------------|---|------------|--------------------------------------|---|
| | ter you're current address on the lines below and, if necessa | ary, | Certification(s) s below will exp | 6/1/2012/1 |
| correct the | e City, state and ZIP Code. Please print legibly. | | The fee to renew certific | \$50 |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will Iditional late fees as d in Section V. |
| I. CERTIFICATES | <u>ΓΟ RENEW:</u> | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 |
| II. CURRENT EMPLO | YMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Pla | ants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not operating | g any Facility | I pr | ovide contractual ser | vices to the Facility |
| Please provide the following | g information about each Facility/Plant that you operate. | Use addtio | nal pages as needed. | _ |
| Facility / Plant Name | | Class P | PDWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number | of |
|---------------------------------|----|
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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
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Please verify your information shown on this application and make any corrections as needed.

| This is page on | ne of a two page form. Both | n pages must be completed and return | ned. O _j | perator Certifcation Nu | mber: 10910 |
|--------------------|---------------------------------|---|---------------------|---|--|
| DEVIN SPICE | Please enter you're current | address on the lines below and, if neces | essary, | Certification(s) sl below will expir | |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to renew certifica | 4 171/1 |
| | | | | requirements by t | ete or submit renewal he expiration date will |
| | | | | | ditional late fees as I in Section V. |
| I. CERTIFIC | CATES TO RENEW: | | | described | Training Units |
| Certification | Туре | Category | | Class | Required |
| SUPERINTEND | ENT | WATER TREATMENT | | 3 | 7 |
| SUPERINTEND | ENT | WATER TREATMENT | | 4 | 7 |
| SUPERINTEND | ENT | WASTEWATER TREATMENT | | 3 | 7 |
| II. CURRENT | Γ EMPLOYMENT INFO | ORMATION | | | |
| Employer's Nam | ne: | | | Phone #: | |
| Number of Facil | lities (or Plants) that you cur | rently operate: | | I am employed by | the Facility owner |
| I am currently no | ot operating any Facility | 7 — | Ιp | rovide contractual serv | ices to the Facility |
| Please provide t | the following information ab | — out each Facility/Plant that you opera | te. Use addti | onal pages as needed. | _ |
| Facility / Plant N | Name | | Class | PDWIS (Water) NPD | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
|--|
| 1 Consent to receive my certificate(s) by emilia in tieu of mail |



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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two page f | form. Both pages must be completed and retur | ned. O | perator Certification Nu | ımber: 10940 |
|-------------------------------------|--|---------------|--------------------------------------|---|
| • | n're current address on the lines below and, if nece | essary, | Certification(s) s below will exp | 6/1//11// |
| correct the City | , state and ZIP Code. Please print legibly. | | The fee to renew certification | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. |
| I. CERTIFICATES TO F | RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 |
| II. CURRENT EMPLOYME | ENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants) th | nat you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating any F | Pacility | ΙĮ | provide contractual serv | vices to the Facility |
| Please provide the following info | rmation about each Facility/Plant that you opera | te. Use addti | ional pages as needed. | _ |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date | |
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| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

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| This is page one | of a two page form. Both pages must b | e completed and returned. | Operator Certification Numb | per: 11041 |
|---------------------|---|---|---|---|
| | Please enter you're current address on the | * | Certification(s) show below will expire | 6/1//11// |
| | correct the City, state and ZIP Code. Plea | se print legibly. | The fee to renew the certification | X 5 (1) |
| | | | Failure to complete requirements by the result in an addit described in | expiration date will ional late fees as |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | pe Category | | Class | Required |
| TEMPORARY | WATER TREA | TMENT | 4 | 45 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | | | Phone #: | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed by th | e Facility owner |
| I am currently not | operating any Facility | | I provide contractual service | es to the Facility |
| Please provide the | e following information about each Facili | ty/Plant that you operate. Use ad | ldtional pages as needed. | _ |
| Facility / Plant Na | me | Class | PDWIS (Water) NPDES | S (Wastewater) |
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Page 2

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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be completed and returned | d. Ope | rator Certification | Number: | 11324 |
|---------------------|--|-------------|---------------------------------|---------------------|---|
| JEFFREY RAY I | BELL Please enter you're current address on the lines below and, if necessar | ary, | Certification(s below will e | , | 6/1/2024 |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to rene certif | ew these fications: | \$50 |
| | | | requirements b result in an | y the exp | submit renewal viration date will al late fees as ction V. |
| | ATES TO RENEW: | | | | raining Units |
| Certification Ty | ype Category | | Class | R | equired |
| OPERATOR | WATER TREATMENT | | 1 | 10 | 6 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | : | | Phone #: | | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed | by the Fa | ncility owner |
| I am currently not | operating any Facility | I pro | vide contractual s | services to | the Facility |
| Please provide the | e following information about each Facility/Plant that you operate. U | Use addtion | nal pages as neede | ed. | |
| Facility / Plant Na | ame (| Class PI | OWIS (Water) N | NPDES (V | Vastewater) |
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III. CONTINUING EDUCATION:

Page 2

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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be compl | eted and returned. | Operator Certification Number | er: 11326 |
|---------------------|---|--------------------------|--|--|
| | Please enter you're current address on the lines be | | Certification(s) show below will expire of | 6/1//11// |
| | correct the City, state and ZIP Code. Please print | legibly. | The fee to renew thes certification | X 5 (1) |
| | | | Failure to complete or requirements by the or result in an additicute described in | expiration date will onal late fees as |
| | ATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| OPERATOR | WATER DISTRIBUTION | ON | 1 | 16 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | : | | Phone #: | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed by the | Facility owner |
| I am currently not | operating any Facility | | I provide contractual services | s to the Facility |
| Please provide th | e following information about each Facility/Plan | that you operate. Use ad | dtional pages as needed. | |
| Facility / Plant Na | nme | Class | PDWIS (Water) NPDES | (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one of | of a two page form. Both pages must be completed and returned. | Operator Certification Number | : 11440 |
|----------------------|---|--|--|
| | Please enter you're current address on the lines below and, if necessar | Certification(s) shown below will expire on | |
| C | correct the City, state and ZIP Code. Please print legibly. | The fee to renew these certifications | & 17171 |
| | | Failure to complete or requirements by the ex result in an addition described in S | piration date will nal late fees as |
| | ATES TO RENEW: | | Fraining Units |
| Certification Ty | pe Category | Class | Required |
| SUPERINTENDEN | T INDUSTRIAL WASTEWATER | 2 (|) |
| TEMPORARY | WATER TREATMENT | G | 7 |
| OPERATOR | INDUSTRIAL WASTEWATER | 2 |) |
| II. CURRENT I | EMPLOYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | I am employed by the F | Facility owner |
| I am currently not | operating any Facility | I provide contractual services t | to the Facility |
| Please provide the | following information about each Facility/Plant that you operate. U | Ise addtional pages as needed. | |
| Facility / Plant Nar | ne C | Class PDWIS (Water) NPDES (| Wastewater) |
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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
|---|



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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be completed and returned. | Operator Certification | ation Number: | 11646 |
|---------------------|---|------------------------|-------------------------------|---------------|
| RAYMOND D F | ROSIER Please enter you're current address on the lines below and, if necessary, | | tion(s) shown will expire on: | 6/1/2024 |
| | correct the City, state and ZIP Code. Please print legibly. | | o renew these certifications: | \$50 |
| | | requireme result i | - | |
| | ATES TO RENEW: | | | raining Units |
| Certification Ty | ype Category | Clas | s Re | equired |
| TEMPORARY | WATER DISTRIBUTION | 1 | 24 | ļ |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | : | Phor | ne #: | |
| Number of Facility | ies (or Plants) that you currently operate: | I am empl | loyed by the Fa | cility owner |
| I am currently not | operating any Facility | I provide contrac | tual services to | the Facility |
| Please provide the | e following information about each Facility/Plant that you operate. Use | e addtional pages as i | needed. | |
| Facility / Plant Na | nme Cla | ass PDWIS (Water | r) NPDES (W | astewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- · Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.
 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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VII. APPLICANT'S STATEMENT

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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be complete | d and returned. | Operator Certifcation Numb | er: 1180 |
|---------------------|--|-------------------------|---|---|
| LUIS D. GOME | Z Please enter you're current address on the lines below | and, if necessary, | Certification(s) show below will expire | 6/1//11// |
| | correct the City, state and ZIP Code. Please print leg | ibly. | The fee to renew the certification | X 5 (1) |
| | | | Failure to complete requirements by the result in an addit described in | expiration date will ional late fees as |
| | ATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| OPERATOR | WASTEWATER TREATM | 1ENT | 5 | 30 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | : | | Phone #: | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed by th | e Facility owner |
| I am currently not | operating any Facility | 1 | provide contractual service | es to the Facility |
| Please provide the | e following information about each Facility/Plant the | ut you operate. Use add | ltional pages as needed. | _ |
| Facility / Plant Na | me | Class | PDWIS (Water) NPDES | S (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Operators In Training must work under the direction of an Operator in Responsible Charge.
 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be completed and retu | rned. Op | perator Certification N | lumber: 12013 |
|---------------------|---|-----------------|------------------------------------|---|
| STEVE MIDDL | ETON Please enter you're current address on the lines below and, if ne | cessary, | Certification(s) below will exp | 6/1//11// |
| • | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these cations: \$50 |
| | | | requirements by result in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | ype Category | | Class | Required |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed b | by the Facility owner |
| I am currently not | operating any Facility | I p | rovide contractual ser | rvices to the Facility |
| Please provide the | e following information about each Facility/Plant that you oper | ate. Use addtie | onal pages as needed | <u> </u> |
| Facility / Plant Na | me | Class I | PDWIS (Water) NP | PDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.
 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both | pages must be completed and | returned. | Operator Certification | Number: | 12016 |
|---------------------|--------------------------------|---------------------------------|------------------|---------------------------------|---------------------|---|
| ROBERT DOD | | address on the lines below and, | if necessary, | Certification(s below will e | , | 6/1/2024 |
| | correct the City, state and Z | IP Code. Please print legibly. | | The fee to rene certif | ew these fications: | \$50 |
| | | | | requirements b | y the exp | submit renewal iration date will al late fees as ction V. |
| | ATES TO RENEW: | | | | | raining Units |
| Certification Ty | ype | Category | | Class | Re | equired |
| SUPERINTENDE | NT I | NDUSTRIAL WASTEWATER | | 2 | 0 | |
| II. CURRENT | EMPLOYMENT INFO | RMATION | | | | |
| Employer's Name | : | | | Phone #: | | |
| Number of Facilit | ies (or Plants) that you curre | ently operate: | | I am employed | by the Fa | cility owner |
| I am currently not | operating any Facility |] | I | provide contractual s | ervices to | the Facility |
| Please provide the | e following information abo | ut each Facility/Plant that you | operate. Use ada | ltional pages as neede | ed. | _ |
| Facility / Plant Na | ame | | Class | PDWIS (Water) N | IPDES (W | Vastewater) |
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III. CONTINUING EDUCATION:

Page 2

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- Operators In Training must work under the direction of an Operator in Responsible Charge.
 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | of a two page form. Both pages must be completed and returned. | Operator | Certification 1 | Number: | 12050 |
|----------------------|---|----------------|--------------------------------|---------------------|---|
| | Please enter you're current address on the lines below and, if necessary, | | Certification(s) below will ex | * | 6/1/2024 |
| C | correct the City, state and ZIP Code. Please print legibly. | Tl | he fee to rene certif | ew these fications: | \$50 |
| | | req | uirements by result in an | y the exp | submit renewal iration date will al late fees as ction V. |
| | ATES TO RENEW: | | | | raining Units |
| Certification Ty | pe Category | | Class | R | equired |
| TEMPORARY | INDUSTRIAL WASTEWATER | | 1 | 0 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | I a | am employed | by the Fa | cility owner |
| I am currently not | operating any Facility | I provide | contractual se | ervices to | the Facility |
| Please provide the | following information about each Facility/Plant that you operate. Use | e addtional pa | iges as neede | ed. | _ |
| Facility / Plant Nar | me Cla | ass PDWIS | S (Water) N | IPDES (W | Vastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
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Please verify your information shown on this application and make any corrections as needed.

| This is page on | e of a two page form. Both pages must be completed and return | rned. Op | erator Certifcation Nu | mber: 12052 |
|--------------------|--|-----------------|--|---|
| RACHEL MU | Please enter you're current address on the lines below and, if nec | cessary, | Certification(s) sh below will expire | |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 |
| | | | requirements by the result in an add | te or submit renewal ne expiration date will ditional late fees as in Section V. |
| | CATES TO RENEW: | | | Training Units |
| Certification 7 | Type Category | | Class | Required |
| TEMPORARY | WATER TREATMENT | | 4 | 45 |
| TEMPORARY | WATER TREATMENT | | 5 | 24 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | e: | | Phone #: | |
| Number of Facili | ities (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently no | ot operating any Facility | I pr | ovide contractual serv | ices to the Facility |
| Please provide th | he following information about each Facility/Plant that you opera | ate. Use addtio | nal pages as needed. | |
| Facility / Plant N | Jame | Class P | DWIS (Water) NPD | ES (Wastewater) |
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| | (OVER) | | | |



III. CONTINUING EDUCATION:

Page 2

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.
 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page on | e of a two page form. Both | h pages must be completed and return | ned. Ope | erator Certifcation Nu | ımber: 12053 |
|--------------------|--------------------------------|---|----------------|--------------------------------------|--|
| ABID KHAN | | t address on the lines below and, if nece ZIP Code. Please print legibly. | essary, | Certification(s) s below will exp | |
| | correct the City, state and | ZIP Code, Flease print legiory. | | The fee to renew certification | 4 1711 |
| | | | | requirements by t | ete or submit renewal he expiration date will |
| | | | | | ditional late fees as d in Section V. |
| I. CERTIFIC | CATES TO RENEW | <u>:</u> | | | Training Units |
| Certification 7 | Гуре | Category | | Class | Required |
| TEMPORARY | | WATER TREATMENT | | 3 | 45 |
| TEMPORARY | | WATER TREATMENT | | 5AS | 24 |
| TEMPORARY | | WASTEWATER TREATMENT | | 5 | 45 |
| TEMPORARY | | WASTEWATER TREATMENT | | Α | 24 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | |
| Employer's Name | e: | | | Phone #: | |
| Number of Facili | ities (or Plants) that you cur | rently operate: | | I am employed by | the Facility owner |
| I am currently no | ot operating any Facility | | I pro | ovide contractual serv | vices to the Facility |
| Please provide th | he following information al | — pout each Facility/Plant that you operat | te. Use addtio | nal pages as needed. | _ |
| Facility / Plant N | Tame | | Class P | DWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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 Name and Certification Number of Operator in Responsible Charge:

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| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page on | e of a two page form. Both pages m | ust be completed and returned | d. Op | erator Certifcation | Number: | 12061 |
|--------------------|--|----------------------------------|--------------|------------------------------|---------------------|---|
| VINCENT WA | Please enter you're current address of | | ary, | Certification(s below will e | * | 6/1/2024 |
| | correct the City, state and ZIP Code | . Please print legibly. | | The fee to ren certi | ew these fications: | \$100 |
| | | | | requirements b | y the exp | submit renewal piration date will al late fees as ction V. |
| | CATES TO RENEW: | | | | | raining Units |
| Certification 7 | Гуре Catego | ry | | Class | R | equired |
| TEMPORARY | WASTE | WATER COLLECTION | | 2 | 24 | 1 |
| TEMPORARY | WATER | DISTRIBUTION | | 1 | 24 | 1 |
| II. CURRENT | EMPLOYMENT INFORMAT | TION | | | | |
| Employer's Nam | e: | | | Phone #: | | |
| Number of Facil | ities (or Plants) that you currently ope | erate: | | I am employed | d by the Fa | cility owner |
| I am currently no | ot operating any Facility | | I pr | ovide contractual s | services to | the Facility |
| Please provide ti | he following information about each | Facility/Plant that you operate. | Use addtio | nal pages as need | ed. | |
| Facility / Plant N | Jame | | Class P | DWIS (Water) N | NPDES (W | Vastewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | of a two page form. Both pages must be completed and returned. | Operator Certification Numb | er: 12062 |
|----------------------|---|---|---|
| JANNI L BRITTO P | O Please enter you're current address on the lines below and, if necessary, | Certification(s) show below will expire | |
| C | orrect the City, state and ZIP Code. Please print legibly. | The fee to renew the certificatio | 450 |
| | | Failure to complete requirements by the result in an addit described ir | expiration date will ional late fees as |
| I. CERTIFICA | ATES TO RENEW: | | Training Units |
| Certification Ty | pe Category | Class | Required |
| TEMPORARY | WATER TREATMENT | 4 | 45 |
| II. CURRENT E | EMPLOYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | I am employed by th | e Facility owner |
| I am currently not o | operating any Facility | I provide contractual service | es to the Facility |
| Please provide the | following information about each Facility/Plant that you operate. Use | e addtional pages as needed. | _ |
| Facility / Plant Nan | ne Cla | ass PDWIS (Water) NPDES | S (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pag | ges must be completed and retu | rned. | Pperator Certification N | Number: | 12063 |
|---------------------|-----------------------------------|------------------------------------|---------------|---|------------------|-------------------|
| JOSHUA MOR | | ress on the lines below and, if ne | cessary, | Certification(s) below will exp | | 6/1/2024 |
| | correct the City, state and ZIP | Code. Please print legibly. | | The fee to renev | w these cations: | \$50 |
| | | | | Failure to comp requirements by result in an a describe | the exp | iration date will |
| I. CERTIFIC | ATES TO RENEW: | | | | Т | raining Units |
| Certification T | ype Cat | egory | | Class | R | equired |
| TEMPORARY | WA | STEWATER TREATMENT | | 5A | 6 | 9 |
| II. CURRENT | EMPLOYMENT INFORM | MATION | | | | |
| Employer's Name | : | | | Phone #: | | |
| Number of Facilit | ies (or Plants) that you currentl | y operate: | | I am employed b | y the Fa | acility owner |
| I am currently not | operating any Facility | | I | provide contractual ser | rvices to | the Facility |
| Please provide the | e following information about e | each Facility/Plant that you oper | ate. Use addt | ional pages as needed | l. | _ |
| Facility / Plant Na | me | | Class | PDWIS (Water) NF | PDES (V | Vastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| 1 Consent to receive my certificate(s) by emilia in tieu of mail |



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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a tw | o page form. Both pages must be completed and returned | Operator Cert | ifcation Number | : 12064 |
|------------------------------|--|-----------------------------------|---------------------------------------|-----------------|
| | enter you're current address on the lines below and, if necessar | | ication(s) shown w will expire on: | |
| correct | the City, state and ZIP Code. Please print legibly. | The fe | e to renew these certifications: | 450 |
| | | require | | |
| I. CERTIFICATES | TO RENEW: | | T | Fraining Units |
| Certification Type | Category | CI | ass F | Required |
| TEMPORARY | WATER TREATMENT | 4 | 4 | 15 |
| II. CURRENT EMPL | OYMENT INFORMATION | | | |
| Employer's Name: | | Pl | hone #: | |
| Number of Facilities (or F | Plants) that you currently operate: | I am er | mployed by the F | Facility owner |
| I am currently not operation | ng any Facility | I provide contr | ractual services t | to the Facility |
| Please provide the follows | ing information about each Facility/Plant that you operate. U | Jse addtional pages o | as needed. | |
| Facility / Plant Name | | Class PDWIS (Wa | ater) NPDES (| Wastewater) |
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Page 2

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
|--|
| 1 Consent to receive my certificate(s) by emilia in tieu of mail |



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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | of a two page form. Both pages must be completed and returned. | Operator Certification Number | er: 12065 |
|----------------------|---|--|--|
| | Please enter you're current address on the lines below and, if necessary, | Certification(s) show below will expire o | 6/1/2012/1 |
| C | orrect the City, state and ZIP Code. Please print legibly. | The fee to renew thes certification | \$50 |
| | | Failure to complete of requirements by the expression result in an addition described in | expiration date will onal late fees as |
| I. CERTIFICA | ATES TO RENEW: | | Training Units |
| Certification Ty | pe Category | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | 5A | 69 |
| II. CURRENT E | EMPLOYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | I am employed by the | Facility owner |
| I am currently not o | operating any Facility | I provide contractual services | to the Facility |
| Please provide the | following information about each Facility/Plant that you operate. Use a | addtional pages as needed. | _ |
| Facility / Plant Nan | ne Clas | ss PDWIS (Water) NPDES | (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | of a two page form. Both pages must be completed and returned. | Operator Certification N | umber: 12067 |
|-------------------------|--|---------------------------------|--|
| CHRISTOPHER P | COPP Please enter you're current address on the lines below and, if necessary, | Certification(s) selow will exp | 6/1//11// |
| С | correct the City, state and ZIP Code. Please print legibly. | The fee to renew certific | \$50 |
| | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | Training Units |
| Certification Ty | pe Category | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | 5A | 69 |
| II. CURRENT E | EMPLOYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | I am employed b | y the Facility owner |
| I am currently not o | operating any Facility | I provide contractual ser | vices to the Facility |
| Please provide the | following information about each Facility/Plant that you operate. Use | addtional pages as needed. | |
| Facility / Plant Nan | me Clas | ss PDWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be completed and returned. | Oper | ator Certification | Number: | 12070 |
|---------------------|--|------------|------------------------|--------------------|---|
| | Please enter you're current address on the lines below and, if necessary | y, | Certification(s | * | 6/1/2024 |
| C | correct the City, state and ZIP Code. Please print legibly. | | The fee to rene certif | ew these ications: | \$50 |
| | | | requirements by | y the exp | submit renewal piration date will al late fees as ction V. |
| | ATES TO RENEW: | | | | raining Units |
| Certification Ty | pe Category | | Class | R | equired |
| TEMPORARY | WATER TREATMENT | | 4 | 4 | 5 |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed | by the Fa | acility owner |
| I am currently not | operating any Facility | I prov | vide contractual se | ervices to | the Facility |
| Please provide the | following information about each Facility/Plant that you operate. Us | se addtion | al pages as neede | d. | |
| Facility / Plant Na | me Cl | Class PD | WIS (Water) N | PDES (V | Vastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two page | form. Both pages must be completed and retur | ned. Op | erator Certifcation Nu | mber: 12072 |
|--------------------------------------|--|----------------|--|--|
| • | u're current address on the lines below and, if nece | essary, | Certification(s) so below will expi | |
| correct the City | r, state and ZIP Code. Please print legibly. | | The fee to renew certification | \$100 |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFICATES TO I | RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | WASTEWATER COLLECTION | | 2 | 24 |
| TEMPORARY | WATER DISTRIBUTION | | 1 | 24 |
| II. CURRENT EMPLOYMI | ENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants) the | hat you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating any I | Facility | I pr | ovide contractual serv | rices to the Facility |
| Please provide the following info | rmation about each Facility/Plant that you opera | te. Use addtio | nal pages as needed. | _ |
| Facility / Plant Name | | Class P | DWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

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| This is page one of | of a two page form. Both pages must be completed and returned. | Operator Certification No | umber: 12074 | |
|----------------------|--|--------------------------------------|---|--|
| | Please enter you're current address on the lines below and, if necessary | Certification(s) s below will exp | | |
| C | correct the City, state and ZIP Code. Please print legibly. | The fee to renew certific | \$50 | |
| | | requirements by to | lete or submit renewal the expiration date will Iditional late fees as d in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | Training Units | |
| Certification Ty | pe Category | Class | Required | |
| TEMPORARY | WASTEWATER TREATMENT | 5A | 69 | |
| II. CURRENT E | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | I am employed by the Facility owner | | |
| I am currently not o | operating any Facility | I provide contractual serv | vices to the Facility | |
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| Facility / Plant Nan | me Cl | lass PDWIS (Water) NPI | DES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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 Name and Certification Number of Operator in Responsible Charge:

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|---|------------------------------------|--------------------------------|---|
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Please verify your information shown on this application and make any corrections as needed.

| This is page or | ne of a two page form. Bot | h pages must be completed and retu | rned. | Operator Certification N | Jumber: | 12076 |
|---|---------------------------------|---|---------------|---|------------------|--------------------------------------|
| NAPOLEON | Please enter you're curren | you're current address on the lines below and, if necessary | cessary, | Certification(s) below will ex | | 6/1/2024 |
| correct the City, state and ZIP Code. Please print legibly. | | ZIP Code. Please print legibly. | | The fee to renew certific | w these cations: | \$100 |
| | | | | Failure to comp requirements by result in an a describe | the expi | iration date will Il late fees as |
| | CATES TO RENEW | <u>.</u> | | | | aining Units |
| Certification | Type | Category | | Class | Re | equired |
| TEMPORARY | | WASTEWATER COLLECTION | | 2 | 24 | ŀ |
| TEMPORARY | | WATER DISTRIBUTION | | 1 | 24 | + |
| II. CURREN | Γ EMPLOYMENT INF | ORMATION | | | | |
| Employer's Nan | ne: | | | Phone #: | | |
| Number of Facil | lities (or Plants) that you cur | rrently operate: | | I am employed b | by the Fac | cility owner |
| I am currently n | ot operating any Facility | | I | provide contractual ser | rvices to | the Facility |
| Please provide i | the following information ab | oout each Facility/Plant that you oper | ate. Use addt | ional pages as needed | l. | |
| Facility / Plant M | Name | | Class | PDWIS (Water) NF | PDES (W | 'astewater) |
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| | | (OVER) | | | | |



III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page on | e of a two page form. Botl | pages must be completed and retur | ned. O | perator Certifcation Nu | mber: 12077 |
|---|--------------------------------|---|--|---|----------------------|
| BRIAN EVAN | Please enter you're current | address on the lines below and, if nec | essary, | Certification(s) sl below will expir | 6/1//11// |
| correct the City, state and ZIP Code. Please print legibly. | | ZIP Code. Please print legibly. | | The fee to renew certifica | \$100 |
| | | | Failure to complete or submit requirements by the expiration result in an additional late described in Section N | | |
| I. CERTIFIC | CATES TO RENEW: | | | | Training Units |
| Certification 7 | Гуре | Category | | Class | Required |
| TEMPORARY | | WATER DISTRIBUTION | | 1 | 24 |
| TEMPORARY | | WASTEWATER COLLECTION | | 2 | 24 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | |
| Employer's Name | e: | | | Phone #: | |
| Number of Facili | ities (or Plants) that you cur | rently operate: | | I am employed by | the Facility owner |
| I am currently no | ot operating any Facility | | Ιp | rovide contractual serv | ices to the Facility |
| Please provide th | he following information ab | — out each Facility/Plant that you opera | ıte. Use addti | onal pages as needed. | _ |
| Facility / Plant N | Tame | | Class | PDWIS (Water) NPD | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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 Name and Certification Number of Operator in Responsible Charge:

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one o | f a two page form. Both pages must be completed and returned. | . Operat | tor Certification N | Number: 12080 | |
|----------------------|---|-------------------------------------|-----------------------------------|--|---|
| | lease enter you're current address on the lines below and, if necessary | ry, | Certification(s) below will ex | | |
| CO | orrect the City, state and ZIP Code. Please print legibly. | | The fee to renev | w these ications: \$50 | |
| | | | requirements by result in an a | plete or submit renewal y the expiration date wil additional late fees as oed in Section V. | |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units | |
| Certification Type | pe Category | | Class | Required | |
| TEMPORARY | WASTEWATER TREATMENT | | 5A | 69 | |
| II. CURRENT E | MPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | I am employed by the Facility owner | | | |
| I am currently not o | operating any Facility | I provid | de contractual se | ervices to the Facility | Ī |
| Please provide the | following information about each Facility/Plant that you operate. U. | Jse addtional | pages as needed | <i></i> | _ |
| Facility / Plant Nan | ne C | Class PDW | VIS (Water) NF | PDES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be co | ompleted and returned. | Operator Certification N | Tumber: 12082 |
|---------------------|---|--------------------------------|--------------------------------|---|
| DEVIN FISHEI | R Please enter you're current address on the line | es below and, if necessary, | Certification(s) below will ex | 6/1//11// |
| | correct the City, state and ZIP Code. Please p | orint legibly. | The fee to renev | v these cations: \$50 |
| | | | requirements by result in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification T | pe Category | | Class | Required |
| TEMPORARY | WASTEWATER 1 | REATMENT | 5A | 69 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | | | Phone #: | |
| Number of Facilit | les (or Plants) that you currently operate: | | I am employed b | by the Facility owner |
| I am currently not | operating any Facility | _ | I provide contractual se | rvices to the Facility |
| Please provide the | e following information about each Facility/I | Plant that you operate. Use ad | ldtional pages as needed | <u> </u> |
| Facility / Plant Na | me | Class | PDWIS (Water) NF | PDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | a two page form. Both pages must be completed and returned | d. Oper | ator Certifcation I | Number: 12098 |
|--------------------------|--|----------------|-----------------------------------|---|
| | ease enter you're current address on the lines below and, if necessa | ary, | Certification(s) below will ex | 6/1//11// |
| со | rrect the City, state and ZIP Code. Please print legibly. | | The fee to rene certifi | w these cations: \$100 |
| | | | requirements by result in an a | plete or submit renewal the expiration date will additional late fees as sed in Section V. |
| I. CERTIFICA | TES TO RENEW: | | | Training Units |
| Certification Typ | e Category | | Class | Required |
| TEMPORARY | WATER TREATMENT | | 4 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | | 5A | 69 |
| II. CURRENT EN | MPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed | by the Facility owner |
| I am currently not op | perating any Facility | I prov | vide contractual se | rvices to the Facility |
| Please provide the fo | ollowing information about each Facility/Plant that you operate. | Use addtion | al pages as needed | d. — |
| Facility / Plant Name | 2 | Class PD | WIS (Water) N | PDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Last 4 digits of Social Security Number | Email Address | | |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | a two page form. Both pages must be completed and returned | ned. Operator Certification Number | r: 12099 |
|--------------------------|--|--|--------------------------------------|
| | ease enter you're current address on the lines below and, if neces | Certification(s) shown below will expire on | 6/1//11// |
| со | rrect the City, state and ZIP Code. Please print legibly. | The fee to renew these certifications | \$100 |
| | | Failure to complete or requirements by the ex result in an addition described in S | xpiration date will nal late fees as |
| I. CERTIFICA | TES TO RENEW: | | Training Units |
| Certification Typ | e Category | Class | Required |
| TEMPORARY | WATER TREATMENT | 4 | 45 |
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| Employer's Name: | | Phone #: | |
| Number of Facilities | (or Plants) that you currently operate: | I am employed by the | Facility owner |
| I am currently not op | perating any Facility | I provide contractual services | to the Facility |
| Please provide the fe | ollowing information about each Facility/Plant that you operate | e. Use addtional pages as needed. | |
| Facility / Plant Name | e | Class PDWIS (Water) NPDES (| (Wastewater) |
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Page 2

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- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two page | form. Both pages must be completed and retur | ned. Ope | erator Certifcation Nu | mber: 12100 |
|------------------------------------|---|-----------------|--|--|
| • | ou're current address on the lines below and, if nece | essary, | Certification(s) shown below will expire on: 6/1/2 | |
| correct the City | y, state and ZIP Code. Please print legibly. | | The fee to renew certification | \$100 |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFICATES TO | RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| TEMPORARY | WATER TREATMENT | | 4 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | | 5A | 69 |
| II. CURRENT EMPLOYM | ENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants) t | hat you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating any | Facility | I pro | ovide contractual serv | ices to the Facility |
| Please provide the following info | ormation about each Facility/Plant that you opera | te. Use addtioi | nal pages as needed. | _ |
| Facility / Plant Name | | Class Pl | OWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
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| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both | n pages must be completed and re | turned. O | perator Certification Num | mber: 12101 |
|---|------------------------------|--|-----------------|--|---|
| | Please enter you're current | address on the lines below and, if | necessary, | Certification(s) shown below will expire on: 6/1/202 | |
| correct the City, state and ZIP Code. Please print le | | ZIP Code. Please print legibly. | | The fee to renew t | \$100 |
| | | | | requirements by the result in an add | te or submit renewal ne expiration date will litional late fees as in Section V. |
| I. CERTIFIC | ATES TO RENEW: | | | | Training Units |
| Certification T | ype | Category | | Class | Required |
| TEMPORARY | | WATER TREATMENT | | 4 | 45 |
| TEMPORARY | | WASTEWATER TREATMENT | | 5A | 69 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | |
| Employer's Name | : | | | Phone #: | |
| Number of Facilit | ies (or Plants) that you cur | rently operate: | | I am employed by | the Facility owner |
| I am currently not | operating any Facility | | ΙI | provide contractual servi | ices to the Facility |
| Please provide th | e following information ab | — out each Facility/Plant that you op | erate. Use addt | ional pages as needed. | |
| Facility / Plant Na | ame | | Class | PDWIS (Water) NPD | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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- No course can be used more than one time for any three-year renewal period.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.
 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | e of a two page form. Both pages must be completed a | and returned. O | perator Certification N | umber: 12102 |
|--------------------|--|------------------------|--------------------------------------|---|
| WALLACE HA | Please enter you're current address on the lines below a | | Certification(s) s below will exp | |
| | correct the City, state and ZIP Code. Please print legible | y. | The fee to renew certific | \$100 |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will lditional late fees as d in Section V. |
| I. CERTIFIC | CATES TO RENEW: | | | Training Units |
| Certification 7 | Гуре Category | | Class | Required |
| TEMPORARY | WASTEWATER TREATME | NT | 5 | 45 |
| TEMPORARY | WASTEWATER COLLECTION | N | 2 | 24 |
| TEMPORARY | WATER TREATMENT | | 4 | 45 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | e: | | Phone #: | |
| Number of Facili | ities (or Plants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently no | ot operating any Facility | Ιp | rovide contractual ser | vices to the Facility |
| Please provide th | he following information about each Facility/Plant that | vou operate. Use addti | onal pages as needed. | |
| Facility / Plant N | fame | Class | PDWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a | two page form. Both pages must be completed and return | ned. Operator Certification Number | r: 12103 |
|---------------------------|---|--|--------------------------------------|
| | ase enter you're current address on the lines below and, if neces | Certification(s) shows below will expire or | 6/1//11// |
| corr | ect the City, state and ZIP Code. Please print legibly. | The fee to renew these certifications | \$100 |
| | | Failure to complete o requirements by the ex result in an additio described in S | xpiration date will nal late fees as |
| I. CERTIFICAT | ES TO RENEW: | | Training Units |
| Certification Type | Category | Class | Required |
| TEMPORARY | WATER TREATMENT | 3 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | 5A | 69 |
| II. CURRENT EM | PLOYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilities (| or Plants) that you currently operate: | I am employed by the | Facility owner |
| I am currently not ope | rating any Facility | I provide contractual services | to the Facility |
| Please provide the fol | lowing information about each Facility/Plant that you operate | e. Use addtional pages as needed. | |
| Facility / Plant Name | | Class PDWIS (Water) NPDES (| (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one o | f a two page form. Both pages | must be completed and return | ed. O | perator Certifcation Nu | ımber: 1540 |
|--|-------------------------------------|------------------------------------|-------------|--------------------------------------|--|
| | lease enter you're current addres | s on the lines below and, if neces | ssary, | Certification(s) s below will exp | 6/1/202/ |
| correct the City, state and ZIP Code. Please print legibly | | de. Please print legibly. | | The fee to renew certification | \$50 |
| | | | | requirements by t result in an ad | ete or submit renewal the expiration date will Iditional late fees as d in Section V. |
| I. CERTIFICA | TES TO RENEW: | | | | Training Units |
| Certification Typ | oe Categ | jory | | Class | Required |
| OPERATOR | WAST | EWATER COLLECTION | | 2 | 16 |
| II. CURRENT E | MPLOYMENT INFORMA | ATION | | | |
| Employer's Name: | | | | Phone #: | |
| Number of Facilitie | s (or Plants) that you currently of | pperate: | | I am employed by | y the Facility owner |
| I am currently not o | perating any Facility | | Ιı | provide contractual serv | vices to the Facility |
| Please provide the j | following information about eac | h Facility/Plant that you operate | e. Use addt | ional pages as needed. | _ |
| Facility / Plant Nam | ne | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one of a two page | form. Both pages must be completed and returned | ed. Operator C | ertifcation N | Tumber: 1542 |
|-----------------------------------|---|-------------------|---------------------------------|---|
| • | ou're current address on the lines below and, if necess | | rtification(s) elow will exp | 6/1//11// |
| correct the City | y, state and ZIP Code. Please print legibly. | The | e fee to renev certific | v these cations: \$50 |
| | | requi | irements by esult in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFICATES TO | RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | Α | 16 |
| II. CURRENT EMPLOYM | ENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants) | that you currently operate: | I am | employed b | by the Facility owner |
| I am currently not operating any | Facility | I provide co | ontractual sei | rvices to the Facility |
| Please provide the following info | ormation about each Facility/Plant that you operate. | Use addtional pag | es as needed | <u> </u> |
| Facility / Plant Name | | Class PDWIS (| Water) NP | PDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
|--|
| 1 Consent to receive my certificate(s) by emilia in tieu of mail |



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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pag | es must be completed and retu | rned. | Operator Certifcation Number | per: 1547 |
|---------------------|-------------------------------------|------------------------------------|---------------|---|---|
| WILLIAM BOY | Please enter you're current addi | ess on the lines below and, if nec | cessary, | Certification(s) show below will expire | 6/1/2012/1 |
| | correct the City, state and ZIP (| Code. Please print legibly. | | The fee to renew the certification | \$50 |
| | | | | Failure to complete requirements by the result in an addit described in | expiration date will ional late fees as |
| I. CERTIFIC | ATES TO RENEW: | | | described in | Training Units |
| Certification T | ype Cat | egory | | Class | Required |
| TEMPORARY | WA | TER TREATMENT | | 4 | 45 |
| II. CURRENT | EMPLOYMENT INFORM | IATION | | | |
| Employer's Name | : | | | Phone #: | |
| Number of Facility | ties (or Plants) that you currently | operate: | | I am employed by th | e Facility owner |
| I am currently no | t operating any Facility | | I | provide contractual service | es to the Facility |
| Please provide th | e following information about e | ach Facility/Plant that you oper | ate. Use addi | ional pages as needed. | _ |
| Facility / Plant Na | ame | | Class | PDWIS (Water) NPDES | S (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page on | e of a two page form. Bot | h pages must be completed and returned | d. Ope | rator Certification N | Number: 1567 | |
|----------------------------|--------------------------------|--|-------------|---|--|---|
| ALVIN NATH | • | t address on the lines below and, if necessary | ary, | Certification(s) shown below will expire on: 6/1/2024 | | : |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to renew certific | w these cations: \$100 | |
| | | | | requirements by result in an a | plete or submit renewal the expiration date will additional late fees as ed in Section V. | |
| | CATES TO RENEW | <u>.</u> | | | Training Units | |
| Certification ⁷ | Type | Category | | Class | Required | |
| OPERATOR | | WASTEWATER TREATMENT | | Α | 16 | |
| OPERATOR | | WATER DISTRIBUTION | | 1 | 16 | |
| OPERATOR | | WATER TREATMENT | | 2 | 16 | |
| OPERATOR | | WATER TREATMENT | | 4 | 30 | |
| OPERATOR | | WASTEWATER TREATMENT | | 3 | 30 | |
| OPERATOR | | WASTEWATER TREATMENT | | 4 | 30 | |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 30 | |
| II. CURRENT | ΓEMPLOYMENT INF | ORMATION | | | | |
| Employer's Nam | ne: | | | Phone #: | | |
| Number of Facil | ities (or Plants) that you cur | rently operate: | | I am employed b | by the Facility owner | ٦ |
| I am currently no | ot operating any Facility | | I pro | vide contractual ser | rvices to the Facility | Ī |
| Please provide t | he following information al | pout each Facility/Plant that you operate. | Use addtion | al pages as needed | l. | |
| Facility / Plant N | Name | | Class PI | OWIS (Water) NP | PDES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be completed and retu | rned. Op | erator Certifcation I | Number: 1572 | |
|---------------------|---|------------------|-----------------------------------|---|------|
| | Please enter you're current address on the lines below and, if ne | ecessary, | Certification(s) below will ex | 6/1//11// | 4 |
| (| correct the City, state and ZIP Code. Please print legibly. | | The fee to rene certifi | ew these ications: \$50 | |
| | | | requirements by result in an a | plete or submit renew y the expiration date additional late fees a ped in Section V. | will |
| | ATES TO RENEW: | | | Training Un | its |
| Certification Ty | pe Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed | by the Facility owner | |
| I am currently not | operating any Facility | I pı | rovide contractual se | ervices to the Facility | |
| Please provide the | following information about each Facility/Plant that you oper | rate. Use addtio | onal pages as needed | d. | |
| Facility / Plant Na | me | Class P | PDWIS (Water) NI | PDES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

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| This is page one | of a two page form. Both pages must be completed and returned | l. Ope | erator Certification N | umber: 1576 |
|-------------------------|---|-------------|--------------------------------------|---|
| | Please enter you're current address on the lines below and, if necessar | ıry, | Certification(s) s below will exp | |
| C | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | \$50 |
| | | | requirements by result in an ac | lete or submit renewal the expiration date will Iditional late fees as d in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units |
| Certification Ty | pe Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Faciliti | es (or Plants) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not | operating any Facility | I pro | ovide contractual ser | vices to the Facility |
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| Facility / Plant Na | me (| Class Pl | DWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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|---|----------------------------------|--------------------------------|--|
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a | two page form. Both pages must be completed and return | ed. Operator Certification N | Tumber: 1644 |
|---------------------------|--|----------------------------------|---|
| | se enter you're current address on the lines below and, if neces | Certification(s) below will exp | 6/1//11// |
| corre | ect the City, state and ZIP Code. Please print legibly. | The fee to renev | v these cations: \$50 |
| | | requirements by result in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFICAT | ES TO RENEW: | | Training Units |
| Certification Type | Category | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | А | 16 |
| II. CURRENT EM | PLOYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilities (c | or Plants) that you currently operate: | I am employed b | by the Facility owner |
| I am currently not open | rating any Facility | I provide contractual ser | rvices to the Facility |
| Please provide the foll | lowing information about each Facility/Plant that you operate | e. Use addtional pages as needed | <u> </u> |
| Facility / Plant Name | | Class PDWIS (Water) NF | PDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
|--|
| 1 Consent to receive my certificate(s) by emilia in tieu of mail |



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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two pa | ge form. Both pages must be completed and return | ed. Ope | erator Certification Nu | umber: 1718 |
|---------------------------------|---|---------------|--------------------------------------|--|
| | you're current address on the lines below and, if neces | ssary, | Certification(s) s below will exp | 6/1//11// |
| correct the C | City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 4 5 11 |
| | | | requirements by tresult in an ad | ete or submit renewal the expiration date will Iditional late fees as d in Section V. |
| I. CERTIFICATES TO | O RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | Α | 16 |
| II. CURRENT EMPLOY | MENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants | s) that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not operating ar | ny Facility | I pro | ovide contractual serv | vices to the Facility |
| Please provide the following is | information about each Facility/Plant that you operate | e. Use addtio | nal pages as needed. | |
| Facility / Plant Name | | Class Pl | DWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two | page form. Both pages must be completed a | and returned. | Operator Certification Nu | mber: 1760 |
|------------------------------|--|-----------------------|---|---|
| | nter you're current address on the lines below a | | Certification(s) sh below will expin | 6/1//11// |
| correct t | he City, state and ZIP Code. Please print legibl | y. | The fee to renew to certificate | 4 171/1 |
| | | | _ | te or submit renewal ne expiration date will |
| | | | | litional late fees as in Section V. |
| I. CERTIFICATES | TO RENEW: | | described | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WATER TREATMENT | | 3 | 30 |
| OPERATOR | WASTEWATER TREATME | NT | 3 | 30 |
| TEMPORARY | WASTEWATER TREATME | NT | 5 | 45 |
| TEMPORARY | WASTEWATER TREATME | NT | Α | 24 |
| II. CURRENT EMPLO | OYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or P | lants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating | ng any Facility | I | provide contractual serv | ices to the Facility |
| Please provide the followi | ng information about each Facility/Plant that y | you operate. Use addi | ional pages as needed. | |
| Facility / Plant Name | | Class | PDWIS (Water) NPD | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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 Name and Certification Number of Operator in Responsible Charge:

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be completed and return | ned. Operator Certification | Number: 1797 |
|---------------------|--|---------------------------------------|---|
| | Please enter you're current address on the lines below and, if neces | Certification(s below will expressed) | |
| C | correct the City, state and ZIP Code. Please print legibly. | The fee to rene certif | ew these ications: \$100 |
| | | requirements by result in an a | plete or submit renewal y the expiration date will additional late fees as ped in Section V. |
| | ATES TO RENEW: | | Training Units |
| Certification Ty | pe Category | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | Α | 24 |
| TEMPORARY | WATER TREATMENT | 3 | 45 |
| TEMPORARY | WASTEWATER TREATMENT | 5 | 45 |
| II. CURRENT I | EMPLOYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Faciliti | es (or Plants) that you currently operate: | I am employed | by the Facility owner |
| I am currently not | operating any Facility | I provide contractual se | ervices to the Facility |
| Please provide the | following information about each Facility/Plant that you operate | te. Use addtional pages as neede | d. |
| Facility / Plant Na | me | Class PDWIS (Water) N | PDES (Wastewater) |
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Page 2

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 Name and Certification Number of Operator in Responsible Charge:

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a tv | wo page form. Both pages must be completed and returned | . Op | erator Certifcation Nu | ımber: 1810 |
|---------------------------|--|------------|---------------------------------------|---|
| | enter you're current address on the lines below and, if necessar | ry, | Certification(s) s below will expi | |
| correct | t the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | \$50 |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. |
| I. CERTIFICATES | | | | Training Units |
| Certification Type | Category | | Class | Required |
| SUPERINTENDENT | WATER DISTRIBUTION | | 1 | 7 |
| II. CURRENT EMPI | LOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or | Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operat | ting any Facility | I pr | ovide contractual serv | vices to the Facility |
| Please provide the follow | wing information about each Facility/Plant that you operate. U | Use addtio | nal pages as needed. | _ |
| Facility / Plant Name | | Class P | DWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be completed and returned. | Operator | r Certifcation | n Number: | 1864 |
|----------------------|---|---------------|---------------------------|------------------------|--|
| | Please enter you're current address on the lines below and, if necessary, | | Certification below will | | 6/1/2024 |
| C | correct the City, state and ZIP Code. Please print legibly. | Т | The fee to recent | new these tifications: | \$50 |
| | | | quirements result in a | by the exp | submit renewal biration date will al late fees as ection V. |
| I. CERTIFICA | ATES TO RENEW: | | | Т | raining Units |
| Certification Ty | pe Category | | Class | R | equired |
| OPERATOR | WATER TREATMENT | | 4 | 3 | 0 |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone # | <u>+</u> : | |
| Number of Facilitie | es (or Plants) that you currently operate: | I | am employe | ed by the Fa | acility owner |
| I am currently not | operating any Facility | I provide | contractual | services to | the Facility |
| Please provide the | following information about each Facility/Plant that you operate. Use | e addtional p | ages as need | ded. | _ |
| Facility / Plant Nar | me Cla | ass PDWI | S (Water) | NPDES (V | Vastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both p | ages must be completed and retu | rned. O | perator Certifcation Nu | amber: | 2138 |
|---------------------|---------------------------------|---------------------------------------|----------------|---|-----------------------|------------------------------------|
| | Please enter you're current ac | ldress on the lines below and, if nec | cessary, | Certification(s) s below will exp | | 6/1/2024 |
| (| correct the City, state and ZI | P Code. Please print legibly. | | The fee to renew certification | | \$50 |
| | | | | Failure to compl requirements by t result in an ad describe | the expi lditional | ration date will I late fees as |
| | ATES TO RENEW: | | | | | aining Units |
| Certification Ty | /pe C | ategory | | Class | Re | quired |
| TEMPORARY | V | ASTEWATER TREATMENT | | 5 | 45 | |
| TEMPORARY | V | ASTEWATER TREATMENT | | Α | 24 | |
| II. CURRENT | EMPLOYMENT INFO | RMATION | | | | |
| Employer's Name: | | | | Phone #: | | |
| Number of Faciliti | ies (or Plants) that you curren | ntly operate: | | I am employed by | y the Fac | cility owner |
| I am currently not | operating any Facility | | Ιp | rovide contractual serv | vices to 1 | the Facility |
| Please provide the | e following information abou | t each Facility/Plant that you oper | ate. Use addti | onal pages as needed. | | |
| Facility / Plant Na | me | | Class | PDWIS (Water) NPI | DES (Wa | astewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a | two page form. Both pages must be completed and returne | d. Operator Certifo | cation Number: | 2161 |
|--------------------------|--|----------------------------|--------------------------------|---------------|
| CHARLES MCCLEI Pleas | LLAN se enter you're current address on the lines below and, if necess | | ation(s) shown will expire on: | 6/1/2024 |
| corre | ect the City, state and ZIP Code. Please print legibly. | The fee | to renew these certifications: | \$50 |
| | | requiremeresult | | |
| I. CERTIFICATI | ES TO RENEW: | | T | raining Units |
| Certification Type | Category | Clas | ss R | equired |
| OPERATOR | INDUSTRIAL WASTEWATER | 7 | 16 | 5 |
| II. CURRENT EMI | PLOYMENT INFORMATION | | | |
| Employer's Name: | | Pho | one #: | |
| Number of Facilities (c | or Plants) that you currently operate: | I am emp | ployed by the Fa | cility owner |
| I am currently not oper | ating any Facility | I provide contrac | ctual services to | the Facility |
| Please provide the follo | owing information about each Facility/Plant that you operate. | Use addtional pages as | needed. | |
| Facility / Plant Name | | Class PDWIS (Water | er) NPDES (W | Vastewater) |
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III. CONTINUING EDUCATION:

Page 2

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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be completed and returned. | . Ope | erator Certifcation N | lumber: | 2254 |
|---------------------|---|------------|---|------------------|------------------------------------|
| | Please enter you're current address on the lines below and, if necessar | ry, | Certification(s) below will exp | | 6/1/2024 |
| • | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these cations: | \$50 |
| | | | Failure to comp requirements by result in an ac describe | the expi | ration date will I late fees as |
| | ATES TO RENEW: | | _ | | aining Units |
| Certification Ty | ype Category | | Class | Re | quired |
| OPERATOR | WATER TREATMENT | | 4 | 30 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | : | | Phone #: | | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed b | y the Fac | cility owner |
| I am currently not | operating any Facility | I pro | ovide contractual ser | rvices to t | the Facility |
| Please provide the | e following information about each Facility/Plant that you operate. U | Use addtio | nal pages as needed | • | |
| Facility / Plant Na | ime (| Class Pl | DWIS (Water) NP | DES (Wa | astewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | a two page form. Both pages must be completed and returned. | . Opera | tor Certifcation N | lumber: 2263 |
|-----------------------|---|---------------|------------------------------------|---|
| | ease enter you're current address on the lines below and, if necessar | ry, | Certification(s) below will exp | |
| со | rrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | w these cations: \$50 |
| | | | requirements by result in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| | TES TO RENEW: | | | Training Units |
| Certification Typ | e Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | S | 16 |
| II. CURRENT E | MPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities | s (or Plants) that you currently operate: | | I am employed b | by the Facility owner |
| I am currently not op | perating any Facility | I provi | de contractual sei | rvices to the Facility |
| Please provide the fe | ollowing information about each Facility/Plant that you operate. U | Use addtional | l pages as needed | <u></u> |
| Facility / Plant Name | e (| Class PDV | WIS (Water) NP | PDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
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Please verify your information shown on this application and make any corrections as needed.

| This is page on | e of a two page form. Botl | n pages must be completed and return | ned. Ope | erator Certifcation N | umber: 2326 |
|--------------------|--------------------------------|---|-----------------|------------------------------------|--|
| CHANDRA B. | Please enter you're current | t address on the lines below and, if nece | essary, | Certification(s) below will exp | |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to renew certific | X 1 () () |
| | | | | requirements by | lete or submit renewal the expiration date will |
| | | | | | dditional late fees as ed in Section V. |
| I. CERTIFIC | CATES TO RENEW: | <u>.</u> | | 00001100 | Training Units |
| Certification 7 | Гуре | Category | | Class | Required |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | | WASTEWATER TREATMENT | | А | 16 |
| SUPERINTENDE | ENT | WASTEWATER TREATMENT | | 5 | 7 |
| SUPERINTENDE | ENT | WASTEWATER TREATMENT | | А | 7 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | |
| Employer's Nam | e: | | | Phone #: | |
| Number of Facil | ities (or Plants) that you cur | rently operate: | | I am employed b | y the Facility owner |
| I am currently no | ot operating any Facility | | I pro | ovide contractual ser | rvices to the Facility |
| Please provide ti | he following information ab | oout each Facility/Plant that you opera | te. Use addtion | nal pages as needed. | |
| Facility / Plant N | Jame | | Class Pl | DWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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|---|------------------------------------|--------------------------------|---|
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| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
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| This is page one of a two page | form. Both pages must be completed and re | turned. Op | perator Certification Nu | mber: 2442 |
|--|---|-------------------|--|--|
| RANDY E. MYERS Please enter you're current address on the lines below and, if necessary | | necessary, | Certification(s) sl below will expi | 6/1/2012/ |
| correct the Cit | y, state and ZIP Code. Please print legibly. | | The fee to renew certification | 4 171/1 |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFICATES TO | RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| SUPERINTENDENT | WATER TREATMENT | | 1 | 7 |
| OPERATOR | WATER TREATMENT | | 1 | 16 |
| II. CURRENT EMPLOYM | ENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants) | that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating any | Facility | I pr | rovide contractual serv | rices to the Facility |
| Please provide the following infe | ormation about each Facility/Plant that you ope | erate. Use addtio | onal pages as needed. | _ |
| Facility / Plant Name | | Class I | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.
 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
|---|



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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both page | ages must be completed and retur | ned. C | perator Certifcation Nur | mber: 2459 |
|---------------------|---|---------------------------------------|--------------|---|---|
| | Please enter you're current ad | dress on the lines below and, if nece | essary, | Certification(s) sh below will expir | 6/1/2012/1 |
| | correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew t | \$50 |
| | | | | requirements by the result in an add | te or submit renewal e expiration date will itional late fees as in Section V. |
| I. CERTIFIC | ATES TO RENEW: | | | | Training Units |
| Certification Ty | ype C | ategory | | Class | Required |
| OPERATOR | W | ASTEWATER COLLECTION | | 2 | 16 |
| II. CURRENT | EMPLOYMENT INFOR | RMATION | | | |
| Employer's Name: | : | | | Phone #: | |
| Number of Facilit | ies (or Plants) that you curren | tly operate: | | I am employed by | the Facility owner |
| I am currently not | operating any Facility | | Ij | provide contractual servi | ces to the Facility |
| Please provide the | following information about | t each Facility/Plant that you opera | te. Use addt | ional pages as needed. | _ |
| Facility / Plant Na | me | | Class | PDWIS (Water) NPD | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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 Name and Certification Number of Operator in Responsible Charge:

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be completed and returned. | Operator Certification Num | ber: 2555 |
|---------------------|---|---|--|
| LEE BATMAN | Please enter you're current address on the lines below and, if necessary, | Certification(s) sho below will expire | 6/1/2012/1 |
| , | correct the City, state and ZIP Code. Please print legibly. | The fee to renew th certification | \$50 |
| | | requirements by the result in an addi | e or submit renewal e expiration date will tional late fees as n Section V. |
| I. CERTIFICA | ATES TO RENEW: | | Training Units |
| Certification Ty | ype Category | Class | Required |
| OPERATOR | WATER TREATMENT | 4 | 30 |
| II. CURRENT | EMPLOYMENT INFORMATION | | |
| Employer's Name: | : | Phone #: | |
| Number of Faciliti | ies (or Plants) that you currently operate: | I am employed by the | ne Facility owner |
| I am currently not | operating any Facility | I provide contractual servic | es to the Facility |
| Please provide the | e following information about each Facility/Plant that you operate. Use | addtional pages as needed. | _ |
| Facility / Plant Na | ime Class | ss PDWIS (Water) NPDE | S (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
|--|
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two page | e form. Both pages must be completed and return | ed. O | perator Certification Nu | ımber: 2738 |
|----------------------------------|---|--------------|---------------------------------------|--|
| • | ou're current address on the lines below and, if nece | ssary, | Certification(s) s below will expi | 6/1//11// |
| correct the Ci | ty, state and ZIP Code. Please print legibly. | | The fee to renew certification | 620 |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will Iditional late fees as d in Section V. |
| I. CERTIFICATES TO | RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WATER TREATMENT | | 4 | 30 |
| II. CURRENT EMPLOYM | MENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants) | that you currently operate: | | I am employed by | y the Facility owner |
| I am currently not operating any | y Facility | Ιp | provide contractual serv | vices to the Facility |
| Please provide the following in | formation about each Facility/Plant that you operat | e. Use addti | onal pages as needed. | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both | pages must be completed and retu | urned. O | perator Certifcation Nu | ımber: 3 | 3026 |
|---------------------|-------------------------------|---|-----------------|---|------------|---------------------------------|
| | Please enter you're current | address on the lines below and, if no | ecessary, | Certification(s) sl below will expi | | 6/1/2024 |
| C | correct the City, state and Z | ZIP Code. Please print legibly. | | The fee to renew certifica | • | 550 |
| | | | | Failure to comple requirements by to result in an addescribed | he expira | ation date will late fees as |
| | ATES TO RENEW: | | | | | ining Units |
| Certification Ty | /pe | Category | | Class | Rec | quired |
| SUPERINTENDEN | NT | WASTEWATER TREATMENT | | 5 | 7 | |
| SUPERINTENDEN | NT | WASTEWATER TREATMENT | | А | 7 | |
| II. CURRENT I | EMPLOYMENT INFO | ORMATION | | | | |
| Employer's Name: | | | | Phone #: | | |
| Number of Faciliti | es (or Plants) that you curr | rently operate: | | I am employed by | the Faci | lity owner |
| I am currently not | operating any Facility |] | Ιp | provide contractual serv | ices to th | ne Facility |
| Please provide the | following information ab | _ out each Facility/Plant that you ope | rate. Use addti | ional pages as needed. | | |
| Facility / Plant Na | me | | Class | PDWIS (Water) NPD | DES (Wa | stewater) |
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Page 2

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| Operator in Responsible Charge: | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be completed and returned. | Operator Certification N | lumber: 3549 |
|---------------------|---|---------------------------------|---|
| | Please enter you're current address on the lines below and, if necessary, | Certification(s) below will exp | |
| C | correct the City, state and ZIP Code. Please print legibly. | The fee to renew certific | v these cations: \$50 |
| | | requirements by result in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| | ATES TO RENEW: | | Training Units |
| Certification Ty | pe Category | Class | Required |
| OPERATOR | WATER DISTRIBUTION | 1 | 16 |
| II. CURRENT I | EMPLOYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Faciliti | es (or Plants) that you currently operate: | I am employed b | by the Facility owner |
| I am currently not | operating any Facility | I provide contractual ser | rvices to the Facility |
| Please provide the | following information about each Facility/Plant that you operate. Use | addtional pages as needed | · |
| Facility / Plant Na | me Cla | ss PDWIS (Water) NP | PDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
|--|
| 1 Consent to receive my certificate(s) by emilia in tieu of mail |



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Please verify your information shown on this application and make any corrections as needed.

| This is page on | e of a two page form. Both pages must be completed | and returned. | Operator Certification N | Number: 3690 |
|----------------------------|--|----------------------|-----------------------------------|---|
| AARON SHR | Please enter you're current address on the lines below | • | Certification(s) below will ex | |
| | correct the City, state and ZIP Code. Please print legil | bly. | The fee to renev | v these cations: \$50 |
| | | | requirements by result in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| | CATES TO RENEW: | | | Training Units |
| Certification ⁷ | Type Category | | Class | Required |
| OPERATOR | WASTEWATER TREATM | ENT | 5 | 30 |
| OPERATOR | WASTEWATER TREATM | ENT | Α | 16 |
| II. CURRENT | FEMPLOYMENT INFORMATION | | | |
| Employer's Nam | e: | | Phone #: | |
| Number of Facil | ities (or Plants) that you currently operate: | | I am employed b | by the Facility owner |
| I am currently no | ot operating any Facility | 1 | provide contractual se | rvices to the Facility |
| Please provide t | he following information about each Facility/Plant that | you operate. Use add | ltional pages as needed | <u> </u> |
| Facility / Plant N | Name | Class | PDWIS (Water) NF | PDES (Wastewater) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | (OV) | ER) | | |



III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

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| This is page on | e of a two page form. Both pag | es must be completed and returne | ed. Ope | rator Certifcatio | on Number: | 3745 |
|----------------------------|--------------------------------------|---------------------------------------|---------------|-----------------------------|----------------------------|--|
| JAMES CAM | Please enter you're current addr | ess on the lines below and, if necess | sary, | Certification below will | n(s) shown l expire on: | 6/1/2024 |
| | correct the City, state and ZIP C | Code. Please print legibly. | | The fee to recei | enew these rtifications: | \$50 |
| | | | | requirements result in a | s by the exp | submit renewal piration date will al late fees as action V. |
| | CATES TO RENEW: | | | | Т | raining Units |
| Certification ¹ | Type Cate | egory | | Class | R | equired |
| OPERATOR | WAS | STEWATER TREATMENT | | 4 | 3 | 0 |
| OPERATOR | WAS | STEWATER TREATMENT | | А | 1 | 6 |
| OPERATOR | WA: | STEWATER TREATMENT | | S | 1 | 6 |
| II. CURRENT | EMPLOYMENT INFORM | IATION | | | | |
| Employer's Nam | e: | | | Phone # | #: | |
| Number of Facil | ities (or Plants) that you currently | operate: | | I am employ | ed by the Fa | acility owner |
| I am currently no | ot operating any Facility | <u>—</u> | I pro | vide contractua | l services to | the Facility |
| Please provide t | he following information about e | ach Facility/Plant that you operate | . Use addtion | al pages as nee | eded. | |
| Facility / Plant N | Vame | | Class PI | OWIS (Water) | NPDES (V | Vastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
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| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

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| This is page one of | f a two page form. Both pag | ges must be completed and retu | rned. (| Operator Certification Nu | ımber: 3986 |
|----------------------|--------------------------------|-------------------------------------|--------------|--------------------------------------|---|
| P | • | ress on the lines below and, if nec | cessary, | Certification(s) s below will exp | |
| co | orrect the City, state and ZIP | Code. Please print legibly. | | The fee to renew certification | \$50 |
| | | | | requirements by to result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. |
| I. CERTIFICA | TES TO RENEW: | | | | Training Units |
| Certification Typ | oe Ca | tegory | | Class | Required |
| OPERATOR | WA | ASTEWATER TREATMENT | | 5 | 30 |
| II. CURRENT E | MPLOYMENT INFOR | MATION | | | |
| Employer's Name: | | | | Phone #: | |
| Number of Facilitie | s (or Plants) that you current | ly operate: | | I am employed by | the Facility owner |
| I am currently not o | perating any Facility | | I | provide contractual serv | vices to the Facility |
| Please provide the f | following information about | each Facility/Plant that you oper | ate. Use add | tional pages as needed. | |
| Facility / Plant Nam | ie | | Class | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be completed an | d returned. | Operator Certification Numb | er: 4296 |
|---------------------|--|--------------------|---|--|
| DEREK V JARN | MON, SR. Please enter you're current address on the lines below and | l, if necessary, | Certification(s) show below will expire of | 6/1/2012/ |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew the certification | X50 |
| | | | Failure to complete requirements by the result in an additi | expiration date will onal late fees as |
| | ATES TO RENEW: | | | Training Units |
| Certification T | ype Category | | Class | Required |
| OPERATOR | WASTEWATER COLLECTION | N | 2 | 16 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name | : | | Phone #: | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed by the | e Facility owner |
| I am currently not | operating any Facility | I | provide contractual service | s to the Facility |
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| Facility / Plant Na | me | Class | PDWIS (Water) NPDES | (Wastewater) |
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Page 2

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| This is page one of a ty | wo page form. Both pages must be completed and return | ned. Operator Certification | Number: 4370 |
|---------------------------|--|--|--|
| | enter you're current address on the lines below and, if nece | Certification(essary, below will e | 6/1//11// |
| correc | t the City, state and ZIP Code. Please print legibly. | The fee to rer | new these fications: \$50 |
| | | requirements result in an | nplete or submit renewal by the expiration date will additional late fees as ibed in Section V. |
| I. CERTIFICATES | S TO RENEW: | | Training Units |
| Certification Type | Category | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | А | 16 |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| II. CURRENT EMP | LOYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilities (or | Plants) that you currently operate: | I am employed | d by the Facility owner |
| I am currently not operat | ting any Facility | I provide contractual | services to the Facility |
| Please provide the follow | wing information about each Facility/Plant that you operat | te. Use addtional pages as need | ed. |
| Facility / Plant Name | | Class PDWIS (Water) | NPDES (Wastewater) |
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Page 2

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| This is page one of | of a two page form. Both pages must | be completed and returned. | Operator Certifcati | on Number: 4384 |
|-----------------------|---|-------------------------------------|---------------------------|---|
| | lease enter you're current address on th | • | Certificatio below wil | on(s) shown Il expire on: 6/1/2024 |
| c | orrect the City, state and ZIP Code. Ple | ease print legibly. | The fee to r | renew these striffications: \$100 |
| | | | requirement | complete or submit renewal so by the expiration date will an additional late fees as cribed in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | pe Category | | Class | Required |
| OPERATOR | WASTEWAT | ER COLLECTION | 2 | 16 |
| OPERATOR | WATER DIS | TRIBUTION | 1 | 16 |
| SUPERINTENDEN | T WATER DIS | TRIBUTION | 1 | 7 |
| II. CURRENT E | EMPLOYMENT INFORMATIO | N | | |
| Employer's Name: | | | Phone | #: |
| Number of Facilitie | es (or Plants) that you currently operate | : | I am employ | yed by the Facility owner |
| I am currently not of | operating any Facility | | I provide contractua | al services to the Facility |
| Please provide the | following information about each Fac | lity/Plant that you operate. Use ac | ldtional pages as ne | eded. |
| Facility / Plant Nar | ne | Class | PDWIS (Water) | NPDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be completed and retu | urned. Oper | ator Certification | Number: | 4407 |
|---------------------|---|--------------------|------------------------------|---------------------|---|
| | Please enter you're current address on the lines below and, if ne | ecessary, | Certification(s below will e | , | 6/1/2024 |
| • | correct the City, state and ZIP Code. Please print legibly. | | The fee to ren | ew these fications: | \$50 |
| | | | requirements by result in an | y the exp | submit renewal iration date will al late fees as ction V. |
| | ATES TO RENEW: | | | | raining Units |
| Certification Ty | ype Category | | Class | Re | equired |
| OPERATOR | INDUSTRIAL WASTEWATER | | 2 | 0 | |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | : | | Phone #: | | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed | l by the Fa | cility owner |
| I am currently not | operating any Facility | I prov | vide contractual s | services to | the Facility |
| Please provide the | e following information about each Facility/Plant that you open | rate. Use addtiond | al pages as need | ed. | _ |
| Facility / Plant Na | me | Class PD | WIS (Water) N | NPDES (W | Vastewater) |
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III. CONTINUING EDUCATION:

Page 2

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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be completed and returned. | Operato | or Certifcation N | Tumber: 5005 |
|---------------------|--|----------------|------------------------------------|---|
| | Please enter you're current address on the lines below and, if necessary | | Certification(s) below will exp | |
| (| correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | v these cations: \$50 |
| | | | equirements by result in an a | olete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units |
| Certification Ty | /pe Category | | Class | Required |
| OPERATOR | WATER TREATMENT | | 4 | 30 |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Faciliti | ies (or Plants) that you currently operate: | I | am employed b | by the Facility owner |
| I am currently not | operating any Facility | I provide | e contractual sei | rvices to the Facility |
| Please provide the | r following information about each Facility/Plant that you operate. Us | se addtional p | pages as needed | <u></u> |
| Facility / Plant Na | me C | Class PDWI | IS (Water) NP | PDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
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Please verify your information shown on this application and make any corrections as needed.

| This is page on | e of a two page form. Both | n pages must be completed and returned | I. Ope | rator Certification | n Number: | 5027 | | |
|--------------------|--------------------------------|--|-------------|---|------------------------|---------------|---|--|
| DON A REED, | Please enter you're curren | t address on the lines below and, if necessa | ary, | Certification below will | | 6/1/2024 | | |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to recent | new these tifications: | \$100 | | |
| | | | | Failure to complete or submit renewal requirements by the expiration date with result in an additional late fees as described in Section V. | | | | |
| | CATES TO RENEW: | - | | | | raining Units | | |
| Certification 1 | Гуре | Category | | Class | R | Required | | |
| OPERATOR | | WASTEWATER TREATMENT | | 4 | 3 | 0 | | |
| SUPERINTENDE | ENT | WASTEWATER TREATMENT | | Α | 7 | | | |
| OPERATOR | | WASTEWATER TREATMENT | | Α | 1 | .6 | | |
| SUPERINTENDE | ENT | WATER TREATMENT | | 1 | 7 | | | |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 3 | 0 | | |
| OPERATOR | | WATER TREATMENT | | 5RO | 1 | .6 | | |
| OPERATOR | | WASTEWATER TREATMENT | | 3 | 3 | 0 | | |
| OPERATOR | | WATER TREATMENT | | 5AS | 1 | .6 | | |
| OPERATOR | | WATER TREATMENT | | 3 | 3 | 0 | | |
| OPERATOR | | INDUSTRIAL WASTEWATER | | 5 | 3 | 0 | | |
| SUPERINTENDE | ENT | WASTEWATER TREATMENT | | 5 | 7 | | | |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | | | |
| Employer's Name | e: | | | Phone # | : | | | |
| Number of Facili | ities (or Plants) that you cur | rently operate: | | I am employe | d by the F | acility owner | Ī | |
| I am currently no | ot operating any Facility | | I pro | vide contractual | services to | the Facility | Ī | |
| Please provide tl | he following information ab | oout each Facility/Plant that you operate. | Use addtion | al pages as need | ded. | | | |
| Facility / Plant N | ame | | Class PD | OWIS (Water) | NPDES (V | Wastewater) | | |
| | | | | | | | _ | |
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III. CONTINUING EDUCATION:

Page 2

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
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| This is page one | e of a two page form. Both | h pages must be completed and return | ned. Ope | erator Certifcation N | umber: 6020 |
|---|-------------------------------|--|---------------------------|---|--|
| JAMES LEWIS KENNER Please enter you're current address on the lines below and, if ne | | | ssary, | Certification(s) shown below will expire on: 6/1/2024 | |
| correct the City, state and ZIP Code. Please print legibly. | | | The fee to renew certific | X 1 (1)(1) | |
| | | | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| I. CERTIFIC | CERTIFICATES TO RENEW: Train | | Training Units | | |
| Certification T | уре | Category | | Class | Required |
| OPERATOR | | WATER TREATMENT | | 2 | 16 |
| OPERATOR | | WATER TREATMENT | | 4 | 30 |
| OPERATOR | | WASTEWATER TREATMENT | | 3 | 30 |
| SUPERINTENDE | NT | WATER TREATMENT | | 4 | 7 |
| SUPERINTENDE | NT | WASTEWATER TREATMENT | | 3 | 7 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | |
| Employer's Name | e: | | | Phone #: | |
| Number of Facility | ties (or Plants) that you cur | rently operate: | | I am employed b | y the Facility owner |
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| Facility / Plant Na | ame | | Class P | DWIS (Water) NP | DES (Wastewater) |
| | | | | | |
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Page 2

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
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| This is page on | e of a two page form. Bot | h pages must be completed and return | ed. Ope | erator Certifcation | n Number: | 6612 | |
|---|-------------------------------|---|---------------|--|-----------------------|---|--|
| RAYMOND E. WISE Please enter you're current address on the lines below and, if nec | | | ssary, | Certification(s) show below will expire | | | |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to recert | new these ifications: | \$100 | |
| | | | | requirements result in ar | by the exp | submit renewal biration date will al late fees as ection V. | |
| I. CERTIFIC | CATES TO RENEW | <u>:</u> | | | Т | raining Units | |
| Certification 7 | Гуре | Category | | Class | R | equired | |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 3 | 0 | |
| SUPERINTENDE | ENT | WASTEWATER TREATMENT | | Α | 7 | | |
| OPERATOR | | WASTEWATER TREATMENT | | Α | 1 | 6 | |
| OPERATOR | | WATER TREATMENT | | 2 | 1 | 6 | |
| OPERATOR | | INDUSTRIAL WASTEWATER | | 7 | 1 | 6 | |
| SUPERINTENDE | ENT | WASTEWATER TREATMENT | | 5 | 7 | | |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | | |
| Employer's Name | e: | | | Phone #: | : <u> </u> | | |
| Number of Facili | ities (or Plants) that you cu | crently operate: | | I am employe | d by the Fa | acility owner | |
| I am currently no | ot operating any Facility | | I pro | ovide contractual | services to | the Facility | |
| Please provide th | he following information al | oout each Facility/Plant that you operate | . Use addtion | nal pages as need | led. | | |
| Facility / Plant N | Jame | | Class Pl | OWIS (Water) | NPDES (V | Vastewater) | |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page on | e of a two page form. Botl | n pages must be completed and returne | ed. Ope | rator Certifcation | n Number: | 6840 |
|---|--------------------------------|---|---------------|-----------------------------|------------------------|---|
| MATTHEW K. SELWAY Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly. | | | sary, | Certification below will | | 6/1/2024 |
| | | ZIP Code. Please print legibly. | | The fee to recent | new these tifications: | \$100 |
| | | | | requirements result in a | by the expi | ubmit renewal ration date will late fees as tion V. |
| I. CERTIFIC | CATES TO RENEW: | | | | Tr | aining Units |
| Certification 7 | Гуре | Category | | Class | Re | quired |
| OPERATOR | | WASTEWATER COLLECTION | | 2 | 16 | |
| OPERATOR | | WATER DISTRIBUTION | | 1 | 16 | |
| OPERATOR | | WATER TREATMENT | | 2 | 16 | |
| OPERATOR | | WATER TREATMENT | | 4 | 30 | |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 30 | |
| OPERATOR | | WASTEWATER TREATMENT | | Α | 16 | |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | | |
| Employer's Name | e: | | | Phone # | : | |
| Number of Facili | ities (or Plants) that you cur | rently operate: | | I am employe | d by the Fac | cility owner |
| I am currently no | ot operating any Facility | | I pro | vide contractual | services to | the Facility |
| Please provide th | he following information ab | out each Facility/Plant that you operate. | . Use addtion | al pages as need | ded. | |
| Facility / Plant N | Jame | | Class PI | OWIS (Water) | NPDES (W | astewater) |
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III. CONTINUING EDUCATION:

Page 2

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 Name and Certification Number of Operator in Responsible Charge:

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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| This is page one | e of a two page form. Botl | n pages must be completed and retur | ned. O | perator Certification Nu | mber: 7239 |
|--------------------|-------------------------------|--|--------------|--------------------------------------|--|
| CHARMAYNE | Please enter you're curren | address on the lines below and, if nec | essary, | Certification(s) shelow will expire | 6/1/2012/1 |
| | correct the City, state and | ZIP Code. Please print legibly. | | The fee to renew certifica | 4 5 (1) |
| | | | | requirements by the result in an add | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFIC | ATES TO RENEW | | | | Training Units |
| Certification T | уре | Category | | Class | Required |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | | WASTEWATER TREATMENT | | А | 16 |
| II. CURRENT | EMPLOYMENT INF | ORMATION | | | |
| Employer's Name | 2: | | | Phone #: | |
| Number of Facili | ties (or Plants) that you cur | rently operate: | | I am employed by | the Facility owner |
| I am currently no | t operating any Facility | | ΙĮ | provide contractual serv | ices to the Facility |
| Please provide th | ee following information ab | out each Facility/Plant that you opera | te. Use addt | ional pages as needed. | |
| Facility / Plant N | ame | | Class | PDWIS (Water) NPD | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | f a two page form. Both pages must be completed and returned. | Operator Certification N | umber: 7518 |
|----------------------|--|---------------------------------|--|
| | lease enter you're current address on the lines below and, if necessary, | Certification(s) below will exp | |
| co | orrect the City, state and ZIP Code. Please print legibly. | The fee to renew certific | \$50 |
| | | requirements by result in an ac | lete or submit renewal the expiration date will dditional late fees as ed in Section V. |
| | TES TO RENEW: | | Training Units |
| Certification Typ | De Category | Class | Required |
| SUPERINTENDENT | T WATER TREATMENT | 4 | 7 |
| II. CURRENT E | MPLOYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilitie | s (or Plants) that you currently operate: | I am employed b | y the Facility owner |
| I am currently not o | perating any Facility | I provide contractual ser | vices to the Facility |
| Please provide the f | following information about each Facility/Plant that you operate. Use | e addtional pages as needed. | |
| Facility / Plant Nam | ne Cla | ass PDWIS (Water) NP | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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| This is page one | of a two page form. Both pages must be completed and returned. | Oper | rator Certification | Number: | 7650 |
|---------------------|--|------------|--------------------------------------|------------|--|
| DUANE E MCC | | | Certification(s | * | 6/1/2024 |
| | Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly. | у, | below will example. The fee to rene | • | \$50 |
| | | | certif | fications: | \$30 |
| | | | requirements b result in an | y the exp | submit renewal biration date will al late fees as ection V. |
| I. CERTIFIC | ATES TO RENEW: | | | Т | raining Units |
| Certification Ty | ype Category | | Class | R | equired |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 3 | 0 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | : | | Phone #: | | |
| Number of Facility | ies (or Plants) that you currently operate: | | I am employed | by the Fa | acility owner |
| I am currently not | operating any Facility | I pro | vide contractual s | ervices to | the Facility |
| Please provide the | e following information about each Facility/Plant that you operate. Us | se addtion | al pages as neede | ed. | |
| Facility / Plant Na | ame Cl | lass PD | OWIS (Water) N | IPDES (V | Vastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
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| 1 Consent to receive my certificate(s) by emilia in tieu of mail |



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Please verify your information shown on this application and make any corrections as needed.

| This is page one | e of a two page form. Both | pages must be completed and return | ed. Ope | erator Certification | Number: | 7664 |
|--------------------|--------------------------------|---|---------------|--|---------------------|------------------------|
| JEROME REII | Please enter you're current | address on the lines below and, if neces | sary, | Certification(s below will e | | 6/1/2024 |
| | correct the City, state and 2 | ZIP Code. Please print legibly. | | The fee to rene certif | ew these fications: | \$100 |
| | | | | Failure to com requirements b result in an | y the expi | ration date will |
| | ATEC TO DENIEW. | | | descri | bed in Sec | tion V. |
| Certification T | ATES TO RENEW: Type | Category | | Class | | aining Units quired |
| OPERATOR | | WATER TREATMENT | | 4 | 30 | |
| SUPERINTENDE | NT | WASTEWATER TREATMENT | | 5 | 7 | |
| OPERATOR | | WASTEWATER TREATMENT | | Α | 16 | |
| OPERATOR | | WASTEWATER TREATMENT | | 5 | 30 | |
| II. CURRENT | EMPLOYMENT INFO | ORMATION | | | | |
| Employer's Name | 2: | | | Phone #: | | |
| Number of Facili | ties (or Plants) that you curr | rently operate: | | I am employed | by the Fac | cility owner |
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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
|--|
| 1 Consent to receive my certificate(s) by emilia in tieu of mail |



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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | a two page form. Both pages must be completed and return | rned. Op | perator Certification Nu | mber: 7680 |
|-----------------------|--|-----------------|---|--|
| | ease enter you're current address on the lines below and, if nec | essary, | Certification(s) sl below will expir | |
| co | rrect the City, state and ZIP Code. Please print legibly. | | The fee to renew certifica | \$50 |
| | | | requirements by the result in an add | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| | TES TO RENEW: | | | Training Units |
| Certification Typ | e Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | Α | 16 |
| II. CURRENT EN | MPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities | s (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not op | perating any Facility | I pr | rovide contractual serv | ices to the Facility |
| Please provide the fe | ollowing information about each Facility/Plant that you oper | ate. Use addtio | onal pages as needed. | |
| Facility / Plant Name | e | Class I | PDWIS (Water) NPD | DES (Wastewater) |
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| | (OVER) | | | |



III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

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| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

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| This is page one | of a two page form. Both pag | es must be completed and retur | ned. O | perator Certifcation Nur | mber: 7736 |
|---------------------|------------------------------------|-------------------------------------|--------------|---|--|
| | Please enter you're current addr | ess on the lines below and, if nece | essary, | Certification(s) sh below will expir | 6/1/2012/1 |
| | correct the City, state and ZIP (| Code. Please print legibly. | | The fee to renew t | \$50 |
| | | | | requirements by the result in an add | te or submit renewal e expiration date will litional late fees as in Section V. |
| I. CERTIFIC | ATES TO RENEW: | | | | Training Units |
| Certification Ty | ype Cate | egory | | Class | Required |
| OPERATOR | IND | JSTRIAL WASTEWATER | | 6 | 16 |
| II. CURRENT | EMPLOYMENT INFORM | IATION | | | |
| Employer's Name | : | | | Phone #: | |
| Number of Facilit | ies (or Plants) that you currently | operate: | | I am employed by | the Facility owner |
| I am currently not | operating any Facility | | Ι 1 | provide contractual servi | ces to the Facility |
| Please provide the | e following information about e | ach Facility/Plant that you opera | te. Use addt | ional pages as needed. | |
| Facility / Plant Na | me | | Class | PDWIS (Water) NPD | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number | of |
|---------------------------------|----|
| Operator in Responsible Charge: | |

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| Applicant's Signature | | Date | |
|---|----------------------------------|--------------------------------|--|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to: | Maryland Board of Waterworks ar | nd Waste Systems Operators | |
| Mail to: Maryland Department o | f the Environment, P.O. Box 2057 | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be completed and return | ned. Operator Certification Number | er: 7742 |
|---------------------|--|--|--|
| | Please enter you're current address on the lines below and, if neces | Certification(s) show below will expire o | |
| | correct the City, state and ZIP Code. Please print legibly. | The fee to renew thes certification | 4 1 / 1/ 1 |
| | | Failure to complete or requirements by the eresult in an addition described in | expiration date will onal late fees as |
| | ATES TO RENEW: | | Training Units |
| Certification T | ype Category | Class | Required |
| OPERATOR | WASTEWATER COLLECTION | 2 | 16 |
| OPERATOR | WASTEWATER TREATMENT | 3 | 30 |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| II. CURRENT | EMPLOYMENT INFORMATION | | |
| Employer's Name | : | Phone #: | |
| Number of Facilit | ies (or Plants) that you currently operate: | I am employed by the | Facility owner |
| I am currently not | operating any Facility | I provide contractual services | to the Facility |
| Please provide th | e following information about each Facility/Plant that you operate | e. Use addtional pages as needed. | |
| Facility / Plant Na | ame | Class PDWIS (Water) NPDES | (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Name and Certification Number | of |
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| Operator in Responsible Charge: | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be completed and returned. | Opera | tor Certifcation N | Number: 7891 | |
|----------------------|--|-------------|-----------------------------------|--|--------|
| | Please enter you're current address on the lines below and, if necessary | у, | Certification(s) below will ex | | :4 |
| C | correct the City, state and ZIP Code. Please print legibly. | | The fee to renev | w these cations: \$50 | |
| | | | requirements by result in an a | plete or submit rene the expiration date additional late fees a bed in Section V. | e will |
| | ATES TO RENEW: | | | Training Ur | nits |
| Certification Ty | pe Category | | Class | Required | |
| OPERATOR | WATER TREATMENT | | 3 | 30 | |
| II. CURRENT I | EMPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilitie | es (or Plants) that you currently operate: | | I am employed b | by the Facility owner | r 🗍 |
| I am currently not | operating any Facility | I provi | ide contractual se | ervices to the Facility | , |
| Please provide the | following information about each Facility/Plant that you operate. Us | se addtiona | l pages as needed | d. | |
| Facility / Plant Nar | me Cl | lass PDV | WIS (Water) NF | PDES (Wastewater) | |
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III. CONTINUING EDUCATION:

Page 2

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| Operator in Responsible Charge: | |

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| This is page one of a two | page form. Both pages must be completed and returned | Operator Certification Nun | nber: 7971 |
|------------------------------|--|--|---|
| | nter you're current address on the lines below and, if necessa | Certification(s) sho below will expire | |
| correct th | he City, state and ZIP Code. Please print legibly. | The fee to renew the certification | |
| | | requirements by th | e or submit renewal e expiration date will itional late fees as |
| | | | in Section V. |
| I. CERTIFICATES | TO RENEW: | | Training Units |
| Certification Type | Category | Class | Required |
| OPERATOR | INDUSTRIAL WASTEWATER | 4 | 16 |
| OPERATOR | INDUSTRIAL WASTEWATER | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | 5 | 30 |
| SUPERINTENDENT | INDUSTRIAL WASTEWATER | 4 | 7 |
| II. CURRENT EMPLO | OYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilities (or Pl | lants) that you currently operate: | I am employed by t | he Facility owner |
| I am currently not operating | ng any Facility | I provide contractual servi | ces to the Facility |
| Please provide the following | ng information about each Facility/Plant that you operate. U | Use addtional pages as needed. | |
| Facility / Plant Name | | Class PDWIS (Water) NPDI | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
|---|



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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two pag | e form. Both pages must be completed and returned | l. Ope | rator Certification Nu | ımber: 8306 |
|----------------------------------|--|---------------|---------------------------------------|---|
| | ou're current address on the lines below and, if necessa | ary, | Certification(s) s below will expi | 6/1//0// |
| correct the Ci | ty, state and ZIP Code. Please print legibly. | | The fee to renew certification | |
| | | | requirements by t result in an ad | ete or submit renewal the expiration date will ditional late fees as d in Section V. |
| I. CERTIFICATES TO | RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WASTEWATER TREATMENT | | 5 | 30 |
| OPERATOR | WASTEWATER TREATMENT | | Α | 16 |
| II. CURRENT EMPLOYM | MENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants) | that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating any | y Facility | I pro | vide contractual serv | vices to the Facility |
| Please provide the following in | formation about each Facility/Plant that you operate. | Use addtion | al pages as needed. | |
| Facility / Plant Name | | Class PI | OWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- · Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.
 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one o | of a two page form. Both pages must be completed and returned. | Operator Certification 1 | Number: 8316 |
|----------------------|---|--------------------------------|---|
| | Please enter you're current address on the lines below and, if necessary, | Certification(s) below will ex | |
| C | orrect the City, state and ZIP Code. Please print legibly. | The fee to rene certifi | w these scations: \$50 |
| | | requirements by result in an a | plete or submit renewal y the expiration date will additional late fees as bed in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | Training Units |
| Certification Type | pe Category | Class | Required |
| TEMPORARY | WATER TREATMENT | 3 | 45 |
| II. CURRENT E | EMPLOYMENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilitie | es (or Plants) that you currently operate: | I am employed | by the Facility owner |
| I am currently not o | operating any Facility | I provide contractual se | ervices to the Facility |
| Please provide the | following information about each Facility/Plant that you operate. Use | e addtional pages as needed | d. — |
| Facility / Plant Nan | ne Cla | ass PDWIS (Water) N | PDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- · Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.
 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one of a two | page form. Both pages must be completed and return | rned. C | perator Certification N | umber: 8 | 3535 |
|------------------------------|--|---------------|---|-------------|---------------------------------|
| | nter you're current address on the lines below and, if nec | cessary, | Certification(s) s below will exp | h | 5/1/2024 |
| correct the | he City, state and ZIP Code. Please print legibly. | | The fee to renew certific | • | 5100 |
| | | | Failure to compl requirements by result in an action describe | the expira | ation date will late fees as |
| I. CERTIFICATES | TO RENEW: | | | | ining Units |
| Certification Type | Category | | Class | Req | quired |
| SUPERINTENDENT | WASTEWATER COLLECTION | | 2 | 7 | |
| SUPERINTENDENT | WATER DISTRIBUTION | | 1 | 7 | |
| II. CURRENT EMPLO | OYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities (or Pl | lants) that you currently operate: | | I am employed by | y the Faci | lity owner |
| I am currently not operatin | ng any Facility | Ij | provide contractual ser | vices to th | ne Facility |
| Please provide the following | ng information about each Facility/Plant that you opera | ate. Use addt | ional pages as needed. | | |
| Facility / Plant Name | | Class | PDWIS (Water) NPI | DES (Was | stewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.
 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be completed and | returned. | Operator Certification Nu | mber: 8725 |
|---------------------|---|-------------------|--------------------------------------|--|
| | Please enter you're current address on the lines below and, | if necessary, | Certification(s) so below will expi | 6/1/2012/ |
| • | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certification | 450 |
| | | | requirements by t result in an ad | ete or submit renewal he expiration date will ditional late fees as l in Section V. |
| | ATES TO RENEW: | | | Training Units |
| Certification Ty | ype Category | | Class | Required |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Faciliti | ies (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently not | operating any Facility | I | provide contractual serv | vices to the Facility |
| Please provide the | e following information about each Facility/Plant that you | operate. Use addi | tional pages as needed. | _ |
| Facility / Plant Na | me | Class | PDWIS (Water) NPI | DES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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- Operators In Training must work under the direction of an Operator in Responsible Charge.
 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
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| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
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| This is page one of a two page | form. Both pages must be completed and returned | d. Operator Certification Nur | nber: 8772 |
|-----------------------------------|---|--|---|
| | ou're current address on the lines below and, if necess | Certification(s) sheary, below will expire | 6/1/2012/1 |
| correct the Cit | y, state and ZIP Code. Please print legibly. | The fee to renew the certificat | \$100 |
| | | requirements by th | te or submit renewal e expiration date will itional late fees as in Section V. |
| I. CERTIFICATES TO | RENEW: | | Training Units |
| Certification Type | Category | Class | Required |
| OPERATOR | INDUSTRIAL WASTEWATER | 1 | 0 |
| OPERATOR | WATER TREATMENT | 1 | 16 |
| II. CURRENT EMPLOYM | ENT INFORMATION | | |
| Employer's Name: | | Phone #: | |
| Number of Facilities (or Plants) | that you currently operate: | I am employed by | the Facility owner |
| I am currently not operating any | Facility | I provide contractual servi | ces to the Facility |
| Please provide the following infe | ormation about each Facility/Plant that you operate. | Use additional pages as needed. | _ |
| Facility / Plant Name | | Class PDWIS (Water) NPD | ES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| Applicant's Signature | | Date | _ |
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| This is page one | of a two page form. Both pages must be completed and returned. | . Ope | erator Certification N | Jumber: | 9104 |
|---------------------|--|-------------|--|------------------|--------------------------------------|
| RYAN J. DINSI | MORE Please enter you're current address on the lines below and, if necessary | ry, | Certification(s) below will exp | | 6/1/2024 |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew certific | w these cations: | \$50 |
| | | | Failure to comp requirements by result in an a describe | the expi | iration date will al late fees as |
| | ATES TO RENEW: | | _ | | aining Units |
| Certification T | ype Category | | Class | Re | equired |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 | 5 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | | |
| Employer's Name | : | | Phone #: | | |
| Number of Facilit | ies (or Plants) that you currently operate: | | I am employed b | y the Fa | cility owner |
| I am currently not | operating any Facility | I pro | ovide contractual ser | rvices to | the Facility |
| Please provide the | e following information about each Facility/Plant that you operate. U | Use addtior | nal pages as needed | l. | |
| Facility / Plant Na | ame C | Class PI | DWIS (Water) NP | DES (W | astewater) |
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III. CONTINUING EDUCATION:

Page 2

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.
 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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I hereby affirm that I understand all information provided on this application. I also certify the following:

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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Please verify your information shown on this application and make any corrections as needed.

| This is page one of | a two page form. Both pages must be completed and returned. | Ope | erator Certification I | Number: | 9636 |
|------------------------|---|------------|-----------------------------------|-------------------|-----------------|
| | ase enter you're current address on the lines below and, if necessary | y, | Certification(s) below will ex | | 6/1/2024 |
| con | rect the City, state and ZIP Code. Please print legibly. | | The fee to rene certifi | w these ications: | \$50 |
| | | | requirements by result in an a | the exp | al late fees as |
| | TES TO RENEW: | | | | raining Units |
| Certification Type | Category | | Class | R | equired |
| SUPERINTENDENT | WATER DISTRIBUTION | | 1 | 7 | |
| II. CURRENT EM | IPLOYMENT INFORMATION | | | | |
| Employer's Name: | | | Phone #: | | |
| Number of Facilities | (or Plants) that you currently operate: | | I am employed | by the Fa | cility owner |
| I am currently not ope | erating any Facility | I pro | ovide contractual se | ervices to | the Facility |
| Please provide the fo | llowing information about each Facility/Plant that you operate. Us | se addtion | nal pages as needed | d. | _ |
| Facility / Plant Name | Cl | lass PI | OWIS (Water) NI | PDES (W | Vastewater) |
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III. CONTINUING EDUCATION:

Page 2

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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page of | one of a two page form. Both pages must be completed and returne | d. Ope | erator Certifcation Nu | mber: 9647 |
|------------------|---|------------|---|--|
| GREGORY | Please enter you're current address on the lines below and, if necess | sary, | Certification(s) sh below will expin | 6/1//11// |
| | correct the City, state and ZIP Code. Please print legibly. | | The fee to renew to certificate | \$50 |
| | | | requirements by the result in an add | ete or submit renewal he expiration date will ditional late fees as l in Section V. |
| I. CERTIF | ICATES TO RENEW: | | | Training Units |
| Certification | n Type Category | | Class | Required |
| TEMPORARY | WASTEWATER TREATMENT | | 5 | 45 |
| II. CURREN | NT EMPLOYMENT INFORMATION | | | |
| Employer's Na | nme: | | Phone #: | |
| Number of Fac | cilities (or Plants) that you currently operate: | | I am employed by | the Facility owner |
| I am currently | not operating any Facility | I pro | ovide contractual serv | ices to the Facility |
| Please provide | e the following information about each Facility/Plant that you operate. | Use addtio | nal pages as needed. | |
| Facility / Plant | t Name | Class P | DWIS (Water) NPD | ES (Wastewater) |
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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both pages must be completed and returned. $$ | Operator C | Certifcation Nur | mber: 9754 |
|---------------------|--|------------------|--------------------------------------|---|
| | Please enter you're current address on the lines below and, if necessary | | rtification(s) sh elow will expir | |
| • | correct the City, state and ZIP Code. Please print legibly. | The | e fee to renew the certificat | \$50 |
| | | requ | irements by th esult in an add | te or submit renewal te expiration date will litional late fees as in Section V. |
| I. CERTIFICA | ATES TO RENEW: | | | Training Units |
| Certification Ty | ype Category | | Class | Required |
| OPERATOR | WATER TREATMENT | | 4 | 30 |
| II. CURRENT | EMPLOYMENT INFORMATION | | | |
| Employer's Name: | : | | Phone #: | |
| Number of Faciliti | ies (or Plants) that you currently operate: | I an | n employed by | the Facility owner |
| I am currently not | operating any Facility | I provide co | ontractual servi | ces to the Facility |
| Please provide the | e following information about each Facility/Plant that you operate. Us | se addtional pag | es as needed. | _ |
| Facility / Plant Na | nme C | lass PDWIS (| (Water) NPD | ES (Wastewater) |
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Page 2

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 Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Please verify your information shown on this application and make any corrections as needed.

| This is page one | of a two page form. Both | pages must be completed and retur | ned. (| Operator Certification N | Number: 9970 |
|---------------------|---------------------------------|--|--------------|-----------------------------------|---|
| GARY KELBA | Please enter you're current a | address on the lines below and, if nec | essary, | Certification(s) below will ex | 6/1//11// |
| | correct the City, state and Z | IP Code. Please print legibly. | | The fee to rene certifi | w these cations: \$50 |
| | | | | requirements by result in an a | plete or submit renewal y the expiration date will additional late fees as sed in Section V. |
| I. CERTIFIC | ATES TO RENEW: | | | | Training Units |
| Certification T | ype (| Category | | Class | Required |
| OPERATOR | \ | WASTEWATER COLLECTION | | 2 | 16 |
| II. CURRENT | EMPLOYMENT INFO | RMATION | | | |
| Employer's Name | : : | | | Phone #: | |
| Number of Facili | ties (or Plants) that you curre | ently operate: | | I am employed | by the Facility owner |
| I am currently no | t operating any Facility |] | I | provide contractual se | ervices to the Facility |
| Please provide th | e following information abo | - ut each Facility/Plant that you opera | ite. Use add | tional pages as needed | d. — |
| Facility / Plant Na | ame | | Class | PDWIS (Water) NI | PDES (Wastewater) |
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III. CONTINUING EDUCATION:

Page 2

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| This is page one of a two page | e form. Both pages must be completed and returned. | . Oper | rator Certifcation Nu | mber: 9989 |
|----------------------------------|---|-------------|--|--|
| | ou're current address on the lines below and, if necessar | ry, | Certification(s) sl below will expi | 6/1/2012/ |
| correct the Ci | ty, state and ZIP Code. Please print legibly. | | The fee to renew certifica | 4 171/1 |
| | | | requirements by the result in an add | ete or submit renewal he expiration date will ditional late fees as I in Section V. |
| I. CERTIFICATES TO | RENEW: | | | Training Units |
| Certification Type | Category | | Class | Required |
| OPERATOR | WATER DISTRIBUTION | | 1 | 16 |
| OPERATOR | WASTEWATER COLLECTION | | 2 | 16 |
| II. CURRENT EMPLOYM | IENT INFORMATION | | | |
| Employer's Name: | | | Phone #: | |
| Number of Facilities (or Plants) | that you currently operate: | | I am employed by | the Facility owner |
| I am currently not operating any | Facility | I pro | vide contractual serv | ices to the Facility |
| Please provide the following inf | formation about each Facility/Plant that you operate. U | Ise addtion | al pages as needed. | _ |
| Facility / Plant Name | | Class PD | OWIS (Water) NPD | DES (Wastewater) |
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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

| Applicant's Signature | | Date | _ |
|---|------------------------------------|--------------------------------|---|
| Last 4 digits of Social Security Number | Email Address | | |
| Make checks payable to | e: Maryland Board of Waterworks an | d Waste Systems Operators | |
| Mail to: Maryland Department | of the Environment, P.O. Box 2057. | Baltimore, Maryland 21203-1708 | |

| I consent to receive my certificate(s) by emial in lieu of mail |
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